

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George Adams						CERTIFICATE OF DEATH	
Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Sex	male	Color or Race	Age	60	1	22	
Occupation	Birth-place Md.						
Married, Single or Widowed	named		Where Residing if not at place of death				
Father's Name	Harriett Adams.						
Mother's Maiden Name	Md.						
Name of person giving information	Rebecca Fockler						
	Philip Adams						
	Md.						
	How related to deceased son						

CAUSES OF DEATH

Primary

Paralysis ✓ 66

How long

Immediate

exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

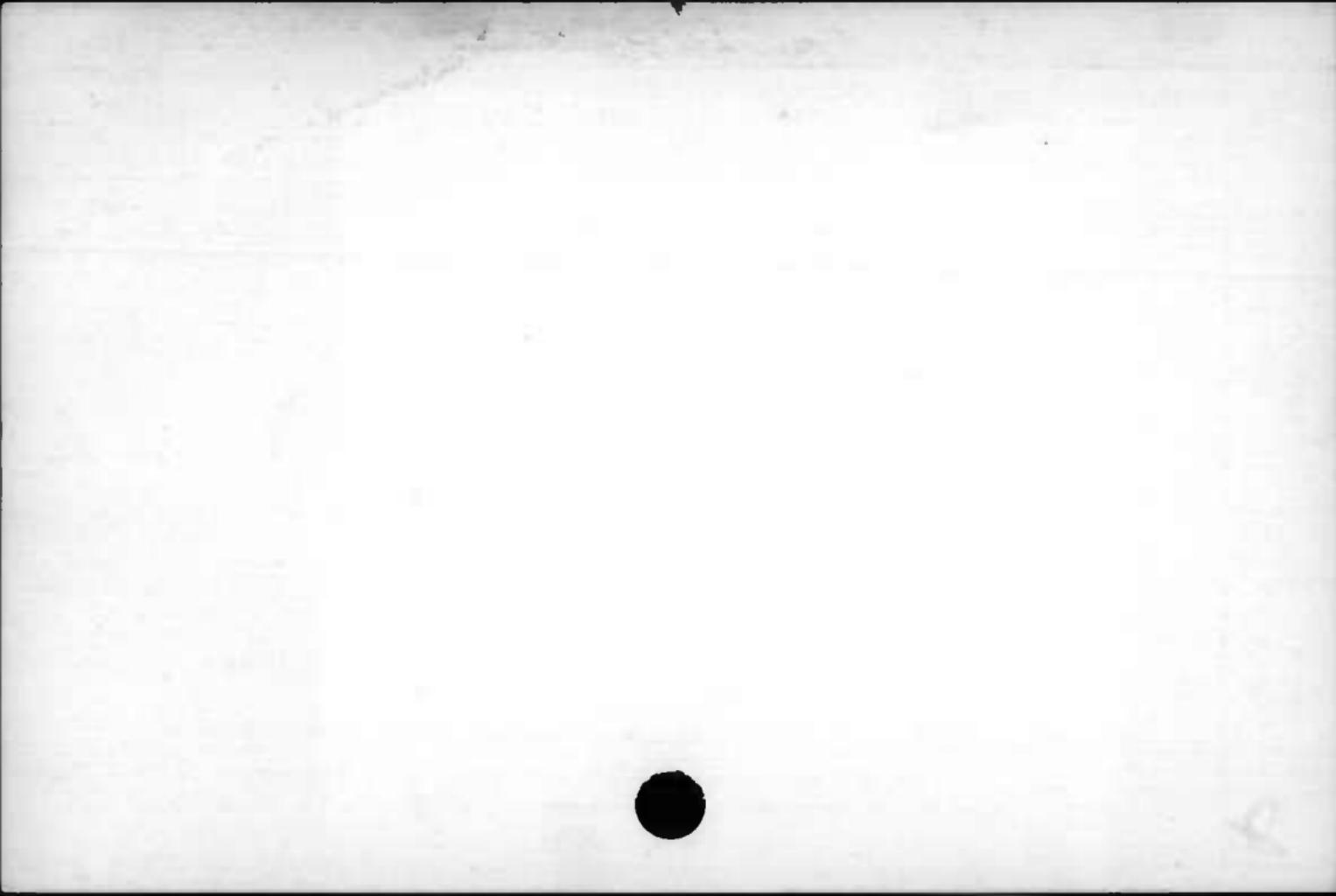
Signature of Physician

yes

Address

E B Boyle M.D.
Hagerstown, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

unnamed Infant

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Frederick Co				
Mother's Maiden Name	Wash. Co mid				
Name of person giving information	How related to deceased				

1905 April 10

Female white

Breathedsville, Washington

Occupation _____

Married, Single or Widowed _____

Name of Wife or Husband _____

Howard Ahaet

Virginia Nicodemus

Howard Ahaet

Howard Ahaet

md

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Born S.

How long

2 hours

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

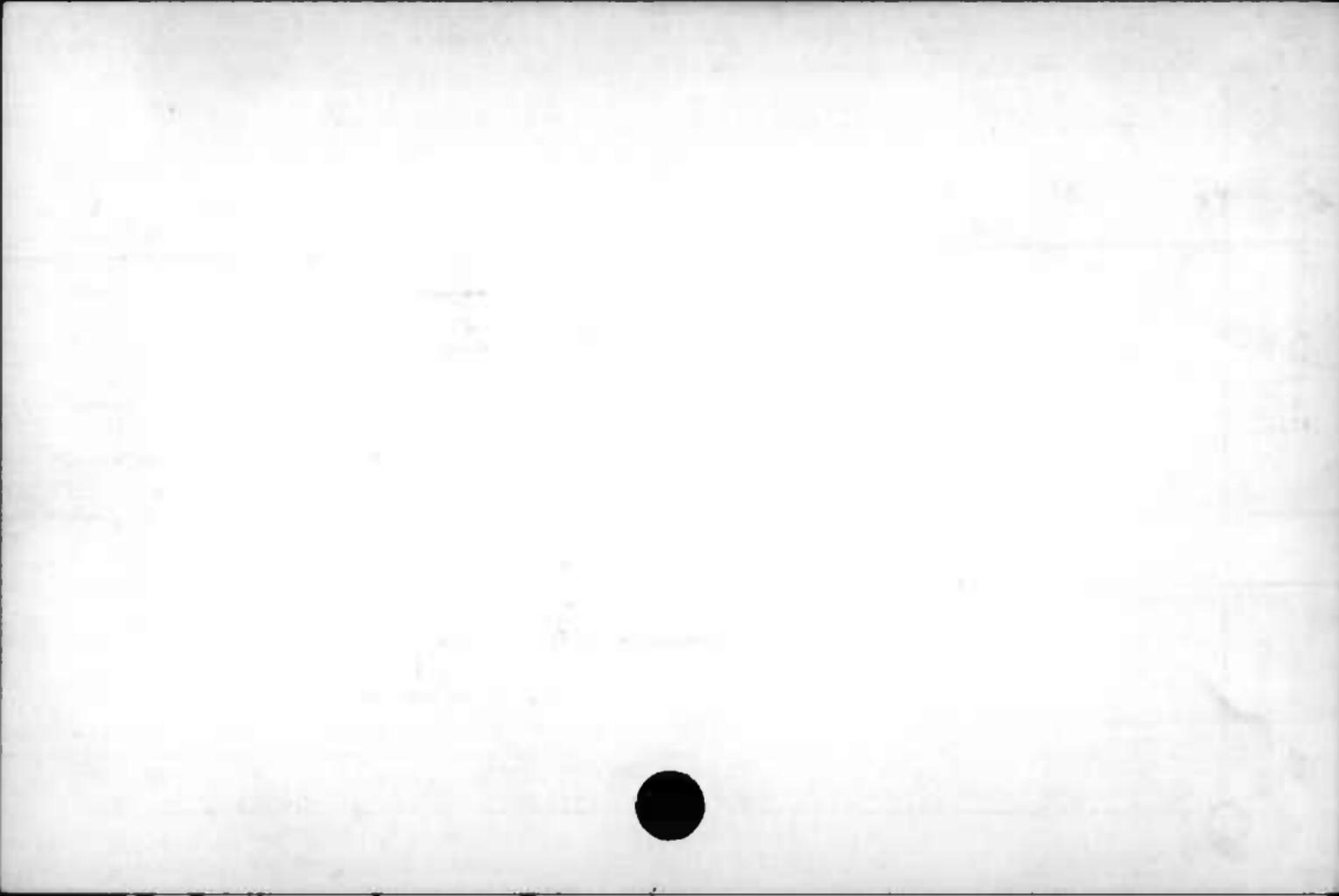
yes

Signature of Physician

Address

V.M. Reichard
Fairplay,
Wash. Co.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Hagerstown ^{County} Washington

Date of death 1903 Month 4 Day 21 Years 63 Months 11 Days 10

Sex Male Color or Race White Birth-place

Occupation Farmer Where Residing if not at place of death

Married, Single
or Widowed

Name of Wife or Husband

Father's Name

Samuel Alter

Father's Birthplace

Md

Mother's Maiden Name

Catherine Wister Barger

Mother's Birthplace

Md

Name of person giving information

Mary E Alter

How related to deceased

Daughter

CAUSES OF DEATH

Primary

Softening of Brain

How long

Immediate

hemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Coffman

Hagerstown Md

Mudraker

9

Accident or Suicide?

Salem

Name
in
Full

Edward W. Alton.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	white	Birth-place	Wash. D.C.	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Hagerstown Md.			
Father's Name	William Alton		Father's Birthplace	England	
Mother's Maiden Name	Anna Walls		Mother's Birthplace	"	
Name of person giving Information	W.C. " Alton		How related to deceased	father	

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

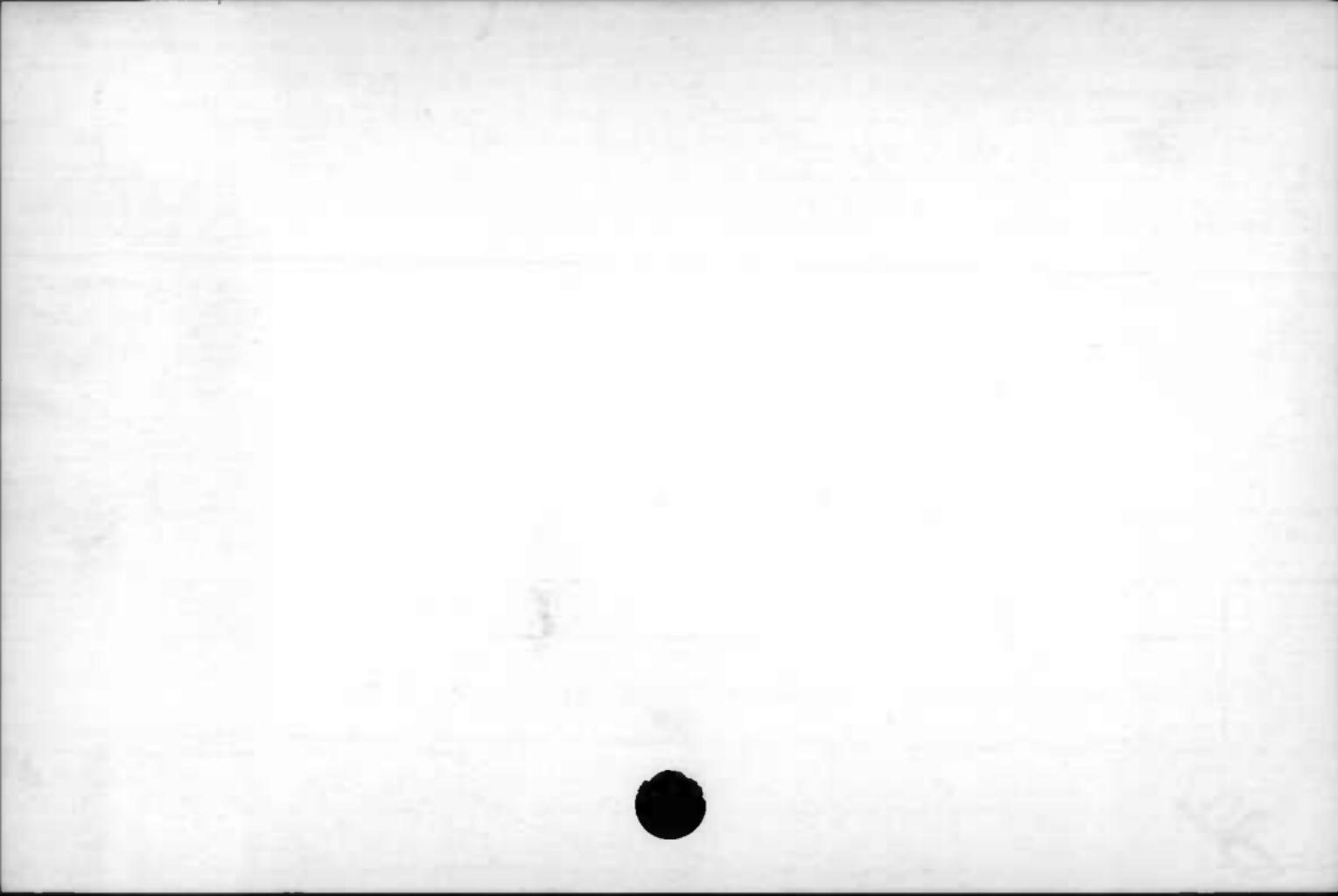
yes

Signature of

Address

W.C. & Son
Hagerstown
Undertakers Md.

Accident or Suicide?



Name
in
Full

Mary C Anderson No 245

CERTIFICATE OF DEATH

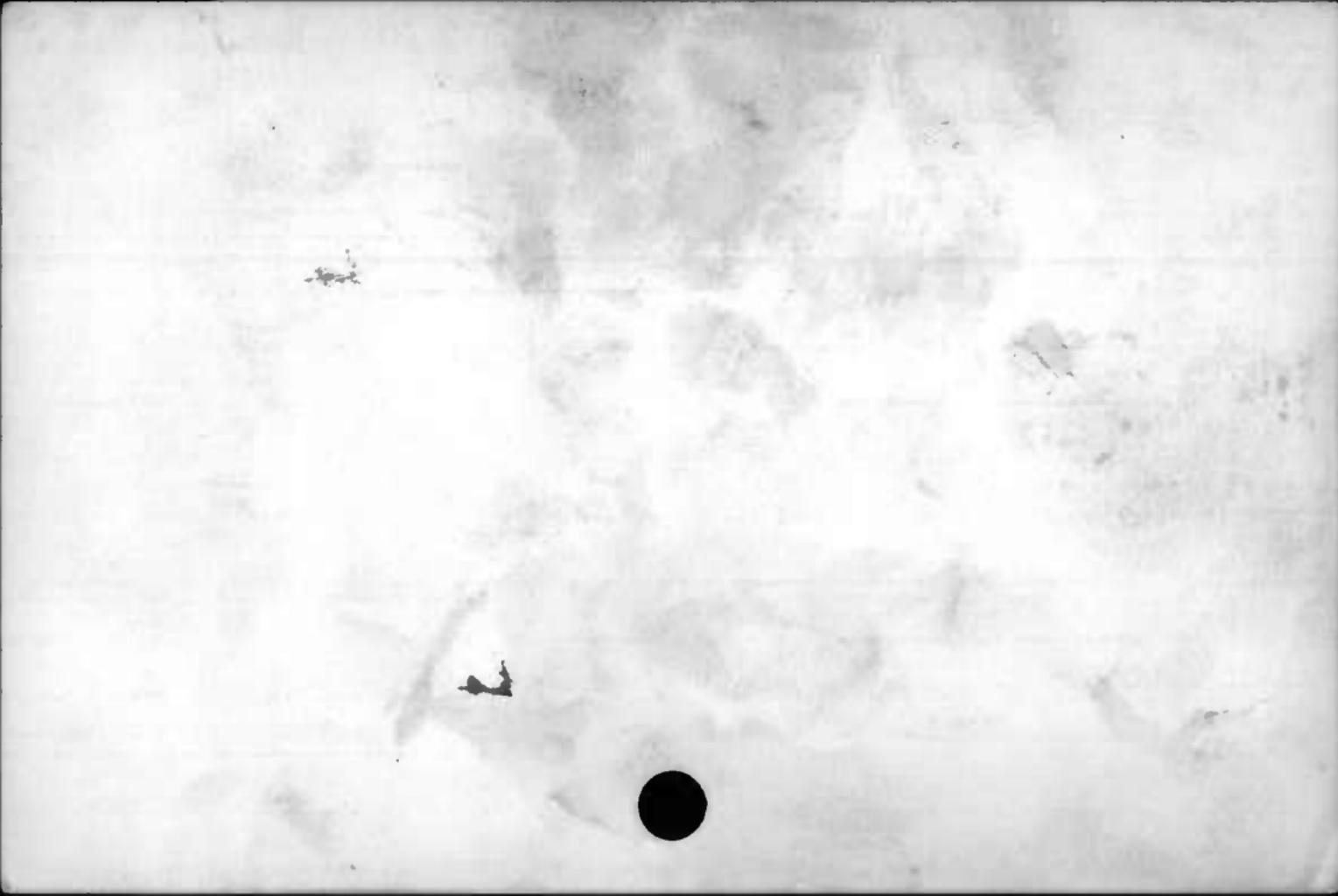
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death 1905	Month Apr	Day 15	Age 38	Years	Months 2	Days 12
Sex Female	Color or Race White	Birth-place Williamsport				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	David Anderson		Father's Birthplace Hagerstown			
Mother's Maiden Name	Amelia Ferron		Mother's Birthplace Williamsport			
Name of person giving information	Anita Ada Bonner		How related to deceased Never			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	Vib	How long one day
Immediate	Prostration		How long
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician D. Richardson
		Address	
Accident or Sudden			



Name
in
Full

Mary Mahetale Barton.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Hancock
Occupation	Hotel Keeper.		Where Residing if not at place of death	died at Home	
Married, Single or Widowed	Single	Name of Wife or Husband	None.	Father's Birthplace	Harford Co Md
Father's Name	Lloyd Barton		Mother's Birthplace	St Mary's Co.	
Mother's Maiden Name	Francis Bean.		How related to deceased	Sister	
Name of person giving information	Ellen B. Barton				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	1 year
Immediate	General Debility		How long	Year
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. A. West	
Yes		Address	Hancock Md.	
No				
Accident or Suicide?				

Dr. West

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH					
Died at			Town	County	MARYLAND
Died at	Hayes town	Washington			
Date of death	1908	Month	4	Day	28
Age		Years		Months	—
Sex	Male	Color or Race	Colored	Birth-place	Pa.
Occupation	Child	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Edward Bently			Father's Birthplace	Md
Mother's Maiden Name	Lynnie Maddox			Mother's Birthplace	Md
Name of person giving information	Warren Maddox			How related to deceased	Grand Father
CAUSES OF DEATH					
Primary	Pulmonary Tuberculosis			How long	(?)
Immediate	Exhaustion (Heart weakness)			How long	(?)
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	V. R. B. Staill Jr.	
			Address	Hayes town, Pa.	
Accident or Suicide?		No			

Holmes.

Name
in
Full

Mrs Alethea Bomberger

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Husband	Jos. Bomberger			
Father's Name	Henry Bomberger			Father's Birthplace	Md.
Mother's Maiden Name	Julia Ann Wiseman			Mother's Birthplace	Penna
Name of person giving information	Mrs J. W. Coest			How related to deceased	daughter

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Lacerinosis

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

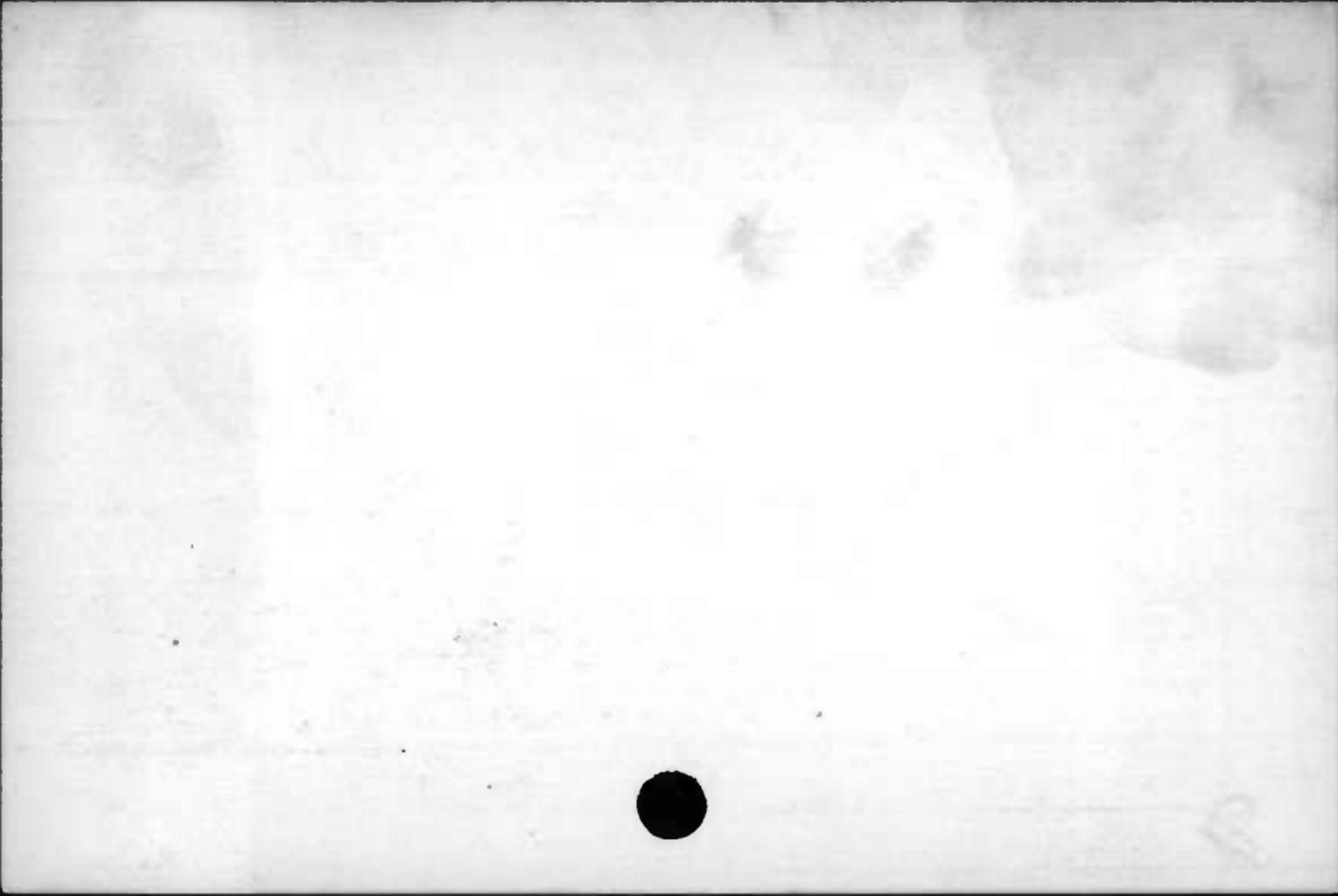
Elmer M. Coest

Address

HAGERSTOWN,

MARYLAND.

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mary Ann Bowles.

CERTIFICATE OF DEATH

Died at Hancock		Town		County		MARYLAND	
Date of death	1905 April.	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White		Birth-place		
Occupation	Wife.	Where Residing if not at place of death			died at home		
Married, Single or Widowed	Widow	Name of Wife or Husband	William L. Bowles.		Father's Birthplace		
Father's Name	John D. Hart.		Mother's Birthplace		Mother's Birthplace		
Mother's Maiden Name	Elizabeth Bwoole.		How related to deceased		Nephew		
Name of person giving information	Dr. McRiley						

CAUSES OF DEATH

Primary

Cancer of Bowels

How long

6 mos

Immediate

Exhaustion from Bowel obstructions

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

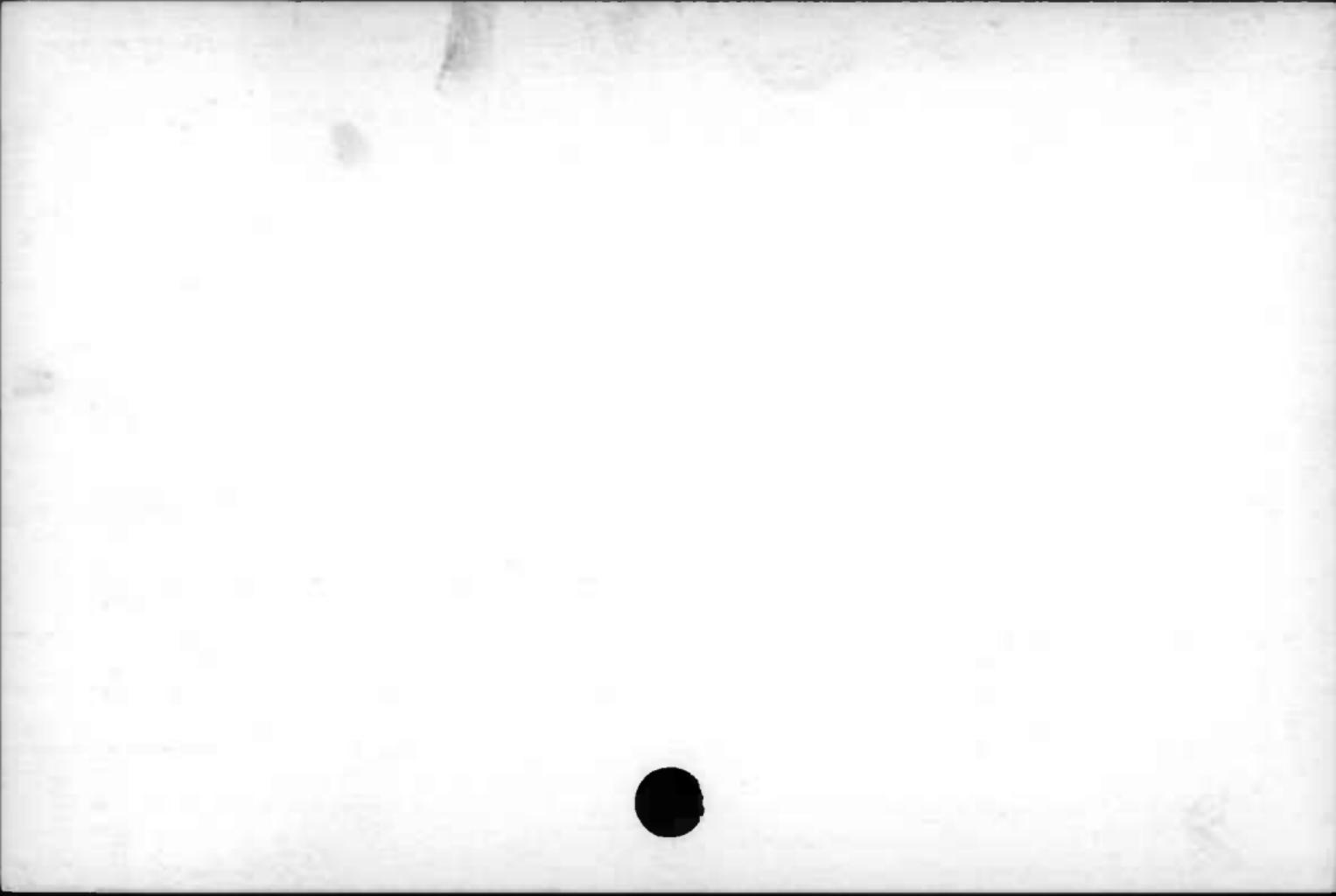
Address

J. G. West,
Hancock Md,

D

Accident or Suicide?

No



Name
in
Full

Ann Catherine Castle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	78	2	12	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	At Home				
Father's Name	Cornelius W Castle					
Mother's Maiden Name	Germany					
Name of person giving information	Frederick Co					

widow

John Blessing

Anna Blessing

D. L. Blessing

Nephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Mitral Stenosis

Immediate Adema

Are the name, age, sex, color, date and place correctly given above?

yes

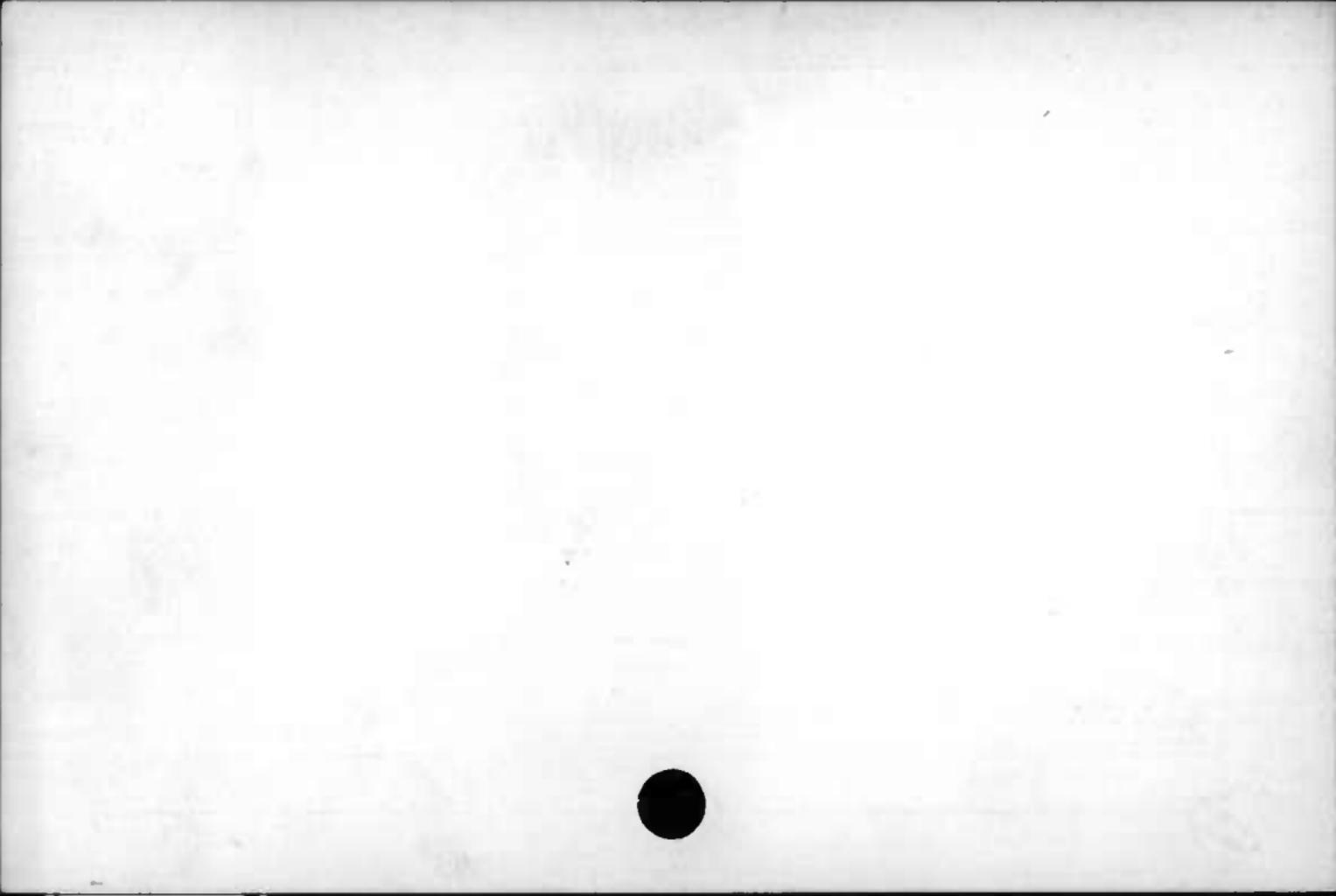
Signature of Physician

Address

D. A. L. Blessing
Brownsville Md.

How long didn't know, was present when called
3 months ago.

Accident or Suicide?



Name
in
Full

Chas Lewis Cole

CERTIFICATE OF DEATH

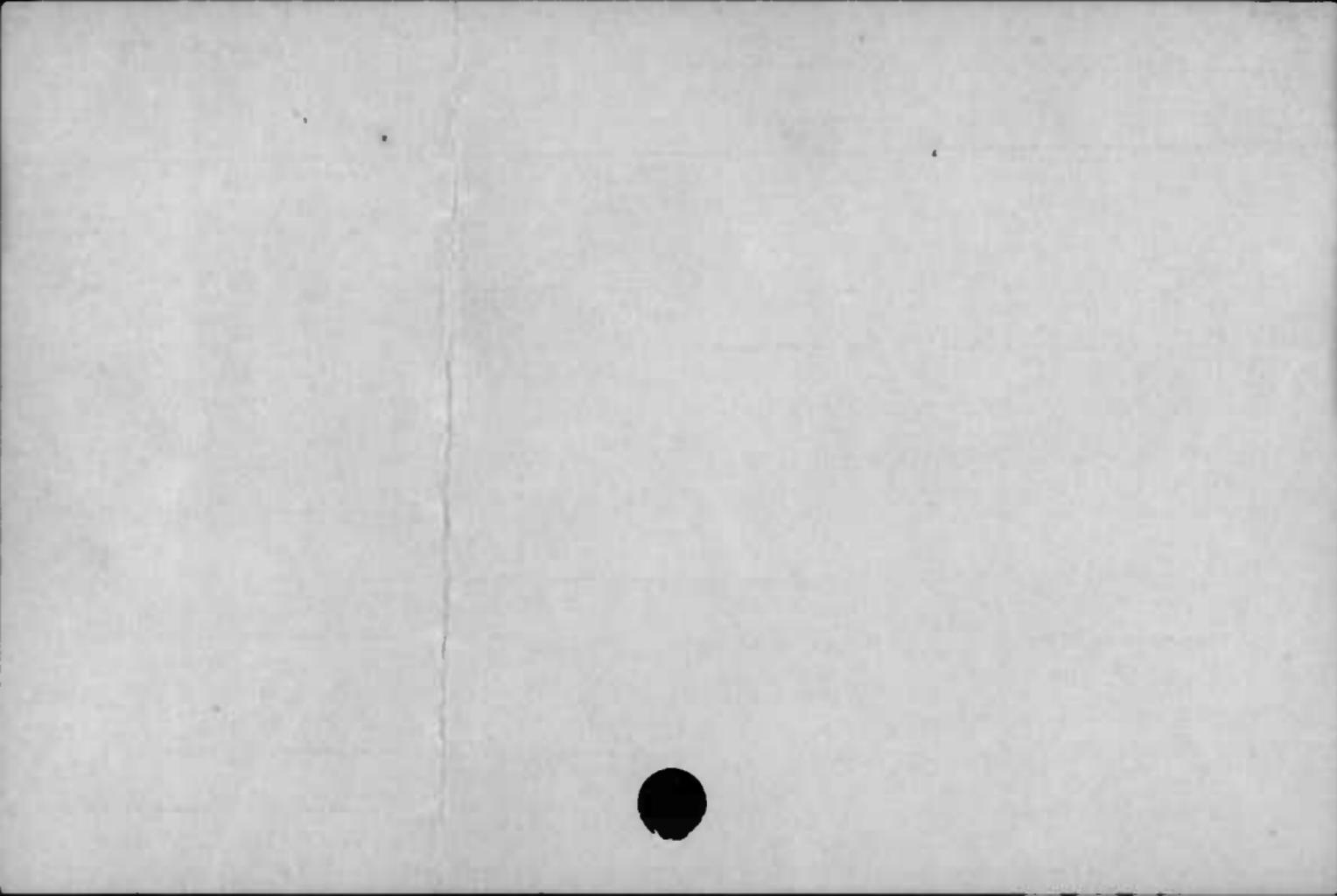
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	59	2	15	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name or Wife or Husband	Sarah J. Cole				
Father's Name	William Cole		Father's Birthplace	Germany		
Mother's Maiden Name	Mary E. Brown		Mother's Birthplace	Germany		
Name of person giving Information	Mrs Fannie E. Garter		How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(X5)	How long	1 year
Immediate	Pulmonary Tumour	How long	
Are the name, age, sex, color, date and place correctly given above?	YEB	Signature of Physician	Attorine
		Address	Brunswick
Accident or Suicide?	M		MD



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Anna Rebecca Corbett

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1905	Month 4	Day 3	Years 64	Months	Days 12	
Sex	Female	Color or Race	White	Birth-place	Md		
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Abraham Corbett				
Father's Name	John de Middlekauff		Father's Birthplace	Md			
Mother's Maiden Name	Elizabeth Newkirk		Mother's Birthplace	Md			
Name of person giving Information	Abraham Corbett		How related to deceased	Husband			

CAUSES OF DEATH

Primary

Tuberculosis Pneumonia

New long

Immediate

Exhaustion

how long

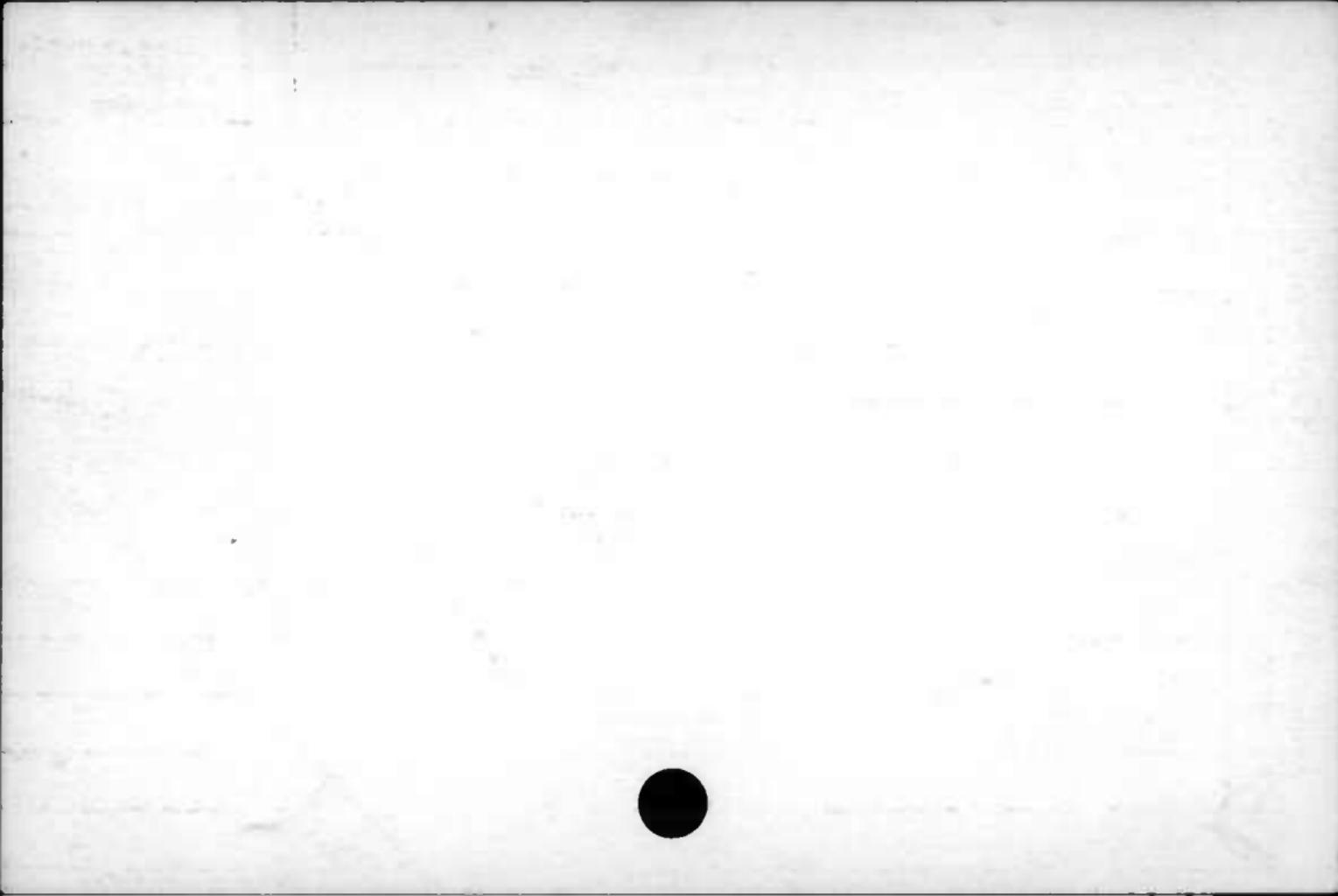
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A.P. Stansper

8
Accident or Suicide?



Name
in
Full

John G. Coost.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>near Hagerstown</u>		Town	County <u>Wash.</u>		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
1905	4	8	61	61	9	19
Sex	male	Color or Race	white	Birth-place	Md.	
Occupation	<u>Railway Mail Clerk</u>			Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	<u>Mrs Rena Coost</u>			
Father's Name	<u>Samuel W Coost</u>			Father's Birthplace	Md.	
Mother's Maiden Name	<u>Catherine Stiney</u>			Mother's Birthplace	"	
Name of person giving information	<u>Mrs Rena Coost</u>			How related to deceased	wife	

CAUSES OF DEATH

Primary

How long

Immediate

How long

Heart Disease ~~(Supplementum and back)~~

Are the name, age, sex, color, date and place correctly given above?

Yes

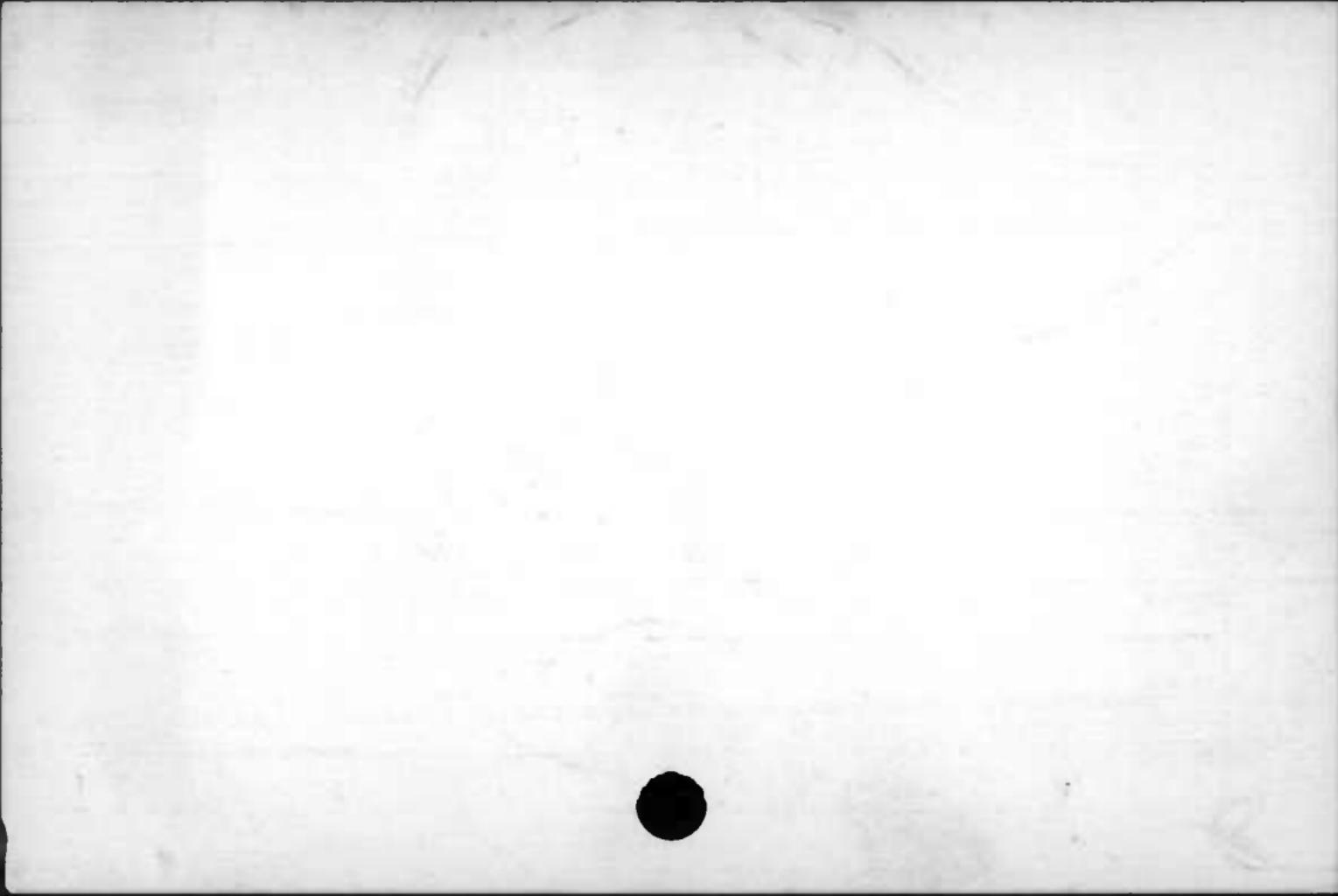
Signature of Physician

Address

J M Pecon

Hagerstown

Accident or Suicide?



Name
in
Full

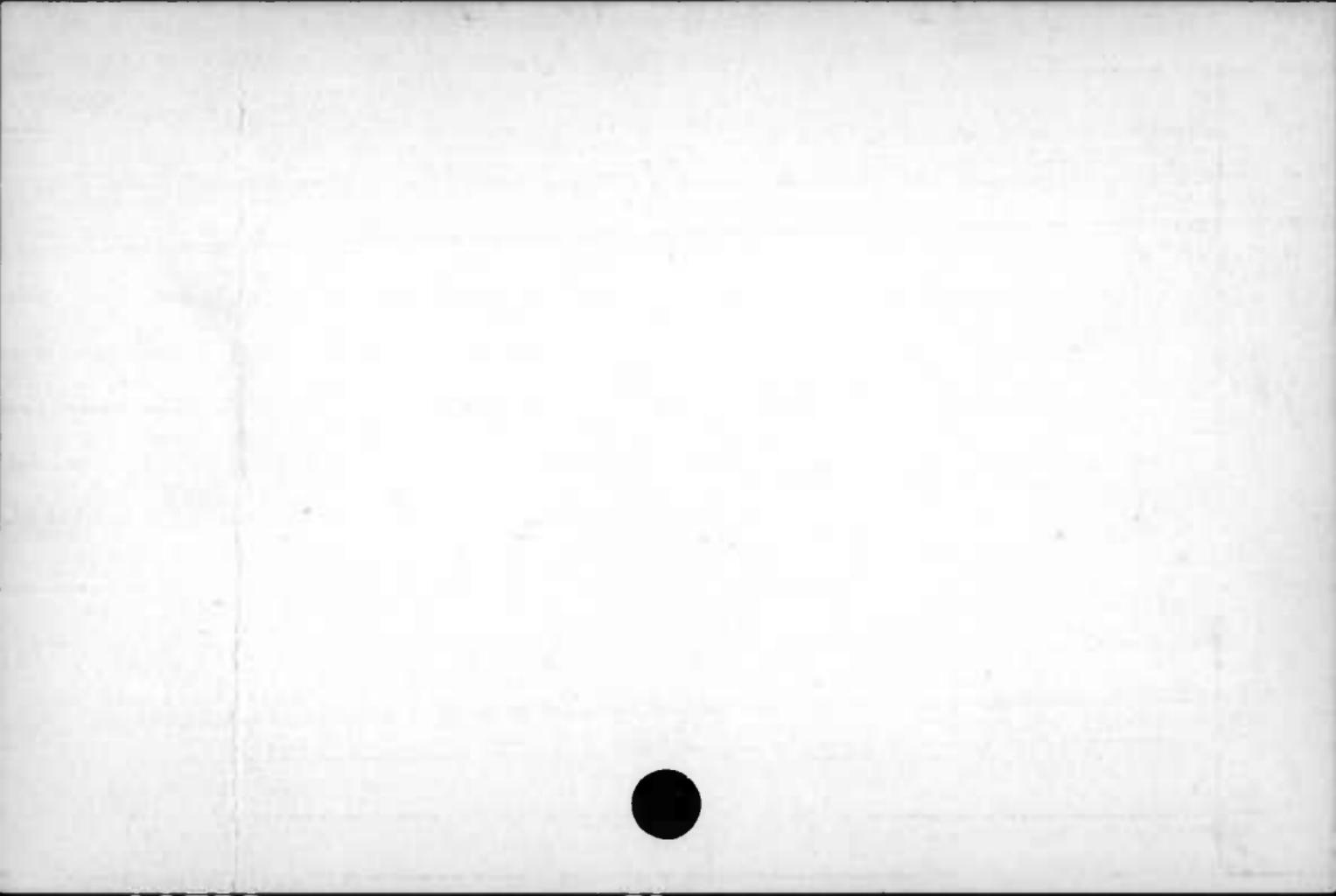
To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 1905	Month April	Day	Years	Months	Days	
Sex Male	Color or Race	Age	Birth-place Maryland			
Married, Single or Widowed	Occupation		None			
Name of Wife or Husband						
Father's Name	Jacob Coonard		Father's Birthplace	Maryland		
Mother's Maiden Name	Mollie Bear		Mother's Birthplace	Maryland		
Name of person giving Information	How related to deceased					

CAUSES OF DEATH

Primary	Cerebro Spinal Meningitis	How long	10 days	
Immediate	Heart Failure, Collapse	How long	2 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. Habert Wade M.D.	
		Address	Baltimore, Md.	
PHYSICIAN OR CORONER	Accident or Suicide?	No		



Name
in
Full

Charles Henry Lundy

CERTIFICATE OF DEATH

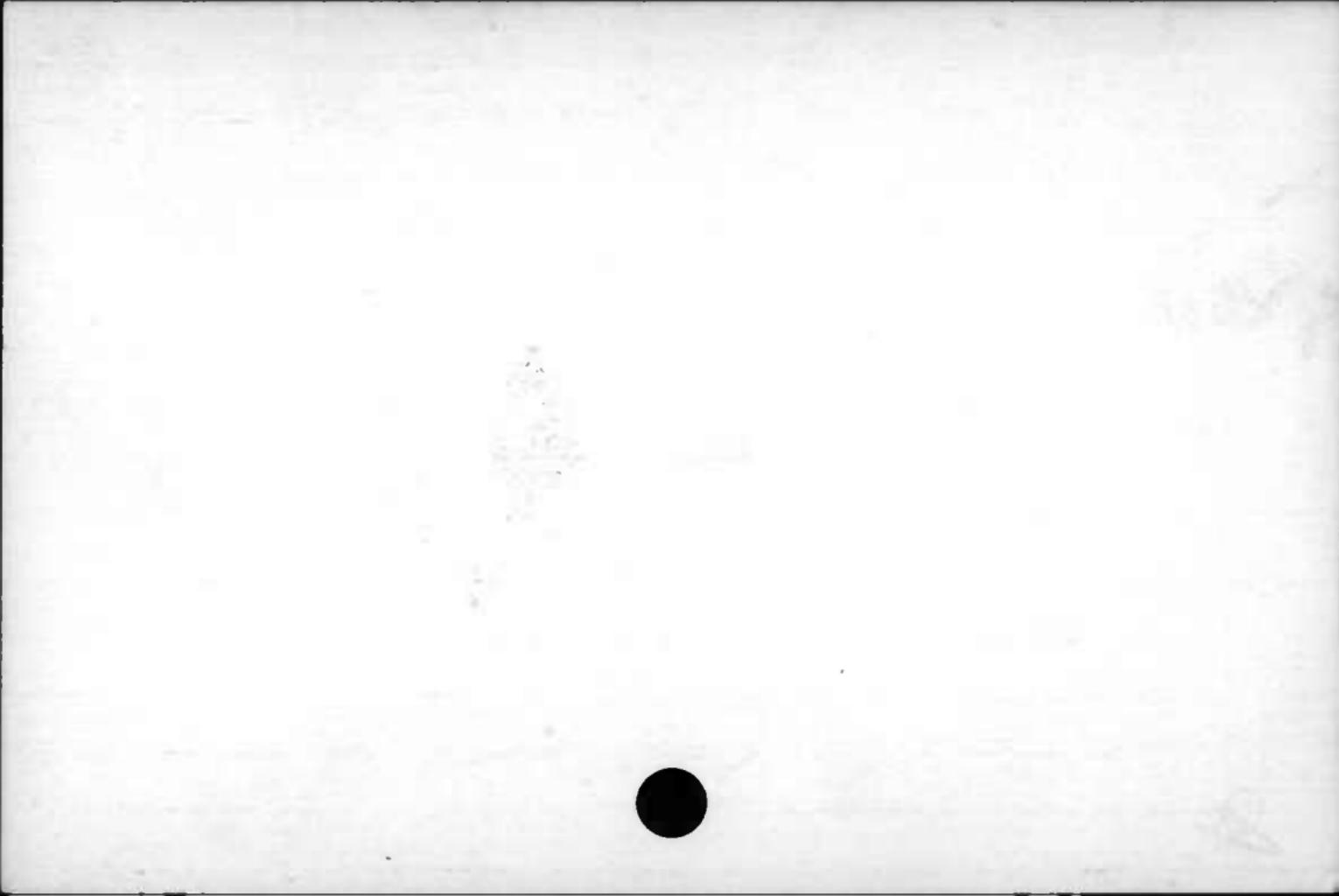
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birthplace
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Harry Lundy		
Mother's Maiden Name	Sarah Bonnax		
Name of person giving information	(70) How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Albinismus	
Immediate	died suddenly	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		



Name
in
Full

Mrs. Kate Eddins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age about			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	William Eddins			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information	Edna Eddins			How related to deceased	daughter

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	Probably 10 yrs.
Immediate	Cardiac Failure	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dorcas Eddins
		Address	Hagerstown, Md
Is there any question concerning the cause of death?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Novie Eunert

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County				
Punkstown	Washington					
Date of death	Month	Day	Years	Months	Days	
1905-	4	24	15-	6	15-	
Sex	Color or Race	Age		Birth-place		
Female	white	15		Md		

Occupation	Where Residing if not at place of death
------------	--

Married, Single or Widowed	Name of Wife or Husband
-------------------------------	----------------------------

Father's Name	Isaac Eunert
---------------	--------------

Mother's Maiden Name	Mary E Young
----------------------	--------------

Name of person giving Information	Isaac Eunert
--------------------------------------	--------------

Father's Birthplace	Md
---------------------	----

Mother's Birthplace	Md
---------------------	----

How related to deceased	Father
----------------------------	--------

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long
		9 mons.

Immediate	Exhaustion	How long

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
---	---------------------------

A.P. Stauffer

	Address
--	---------

Accident or Suicide?	
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HAGERSTOWN, MARYLAND.

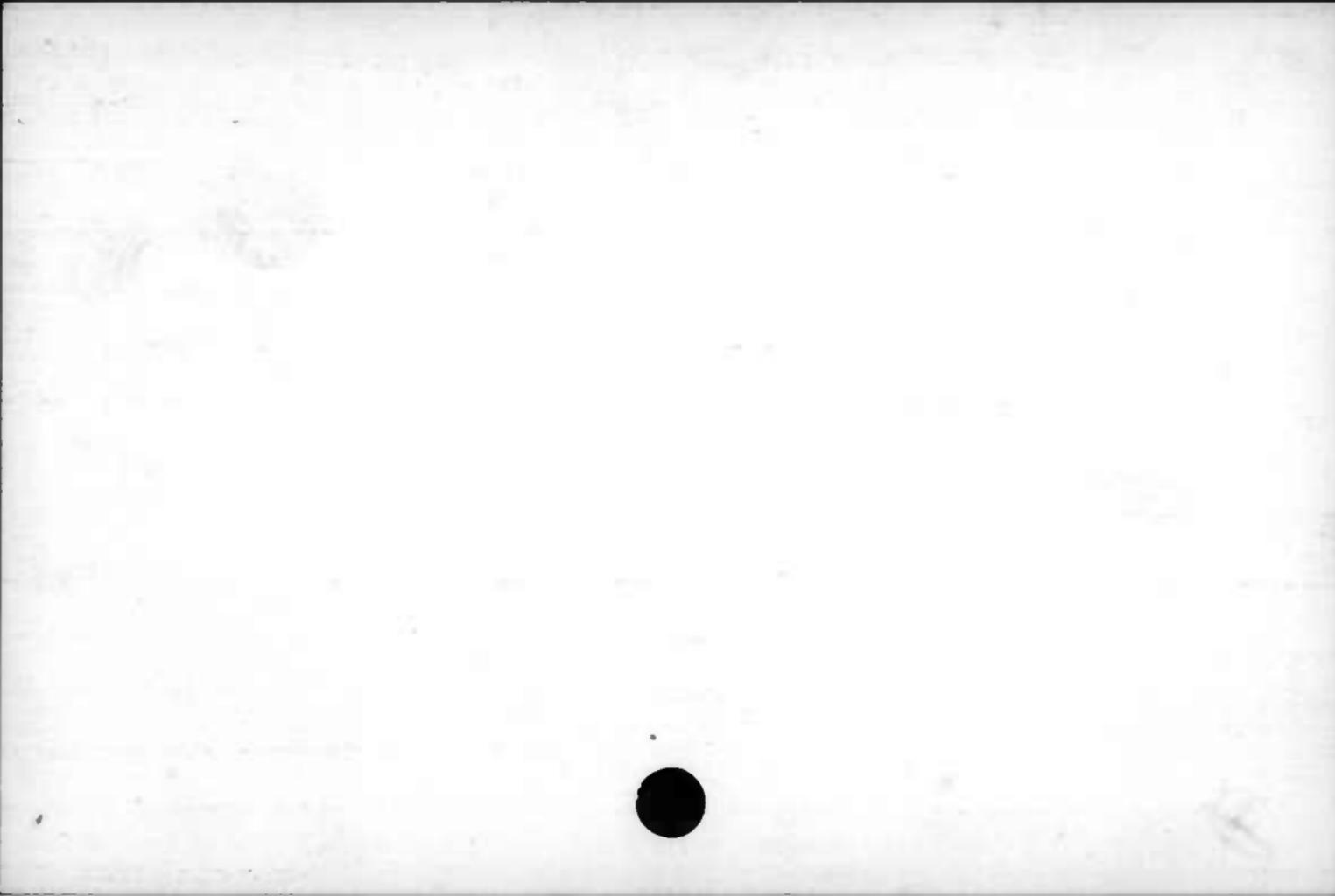
Hausler

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Charles Ferguson					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1905	Month 4	Day 5	Years —	Months —	Days 6	
Sex	Male	Color or Race	white		Birth-place	Mt. Etna	
Occupation	—		Where Residing if not at place of death		Mt. Etna		
Married, Single or Widowed	—	Name of Wife or Husband					
Father's Name	George W Ferguson		Father's Birthplace		Ringgold		
Mother's Maiden Name	Miss Annie Nutrow		Mother's Birthplace		Ringgold		
Name of person giving information	George W Ferguson		How related to deceased		Father		
CAUSES OF DEATH							
Primary	Spasms		How long		2 days		
Immediate	Inward Spasms		How long		2 days		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		Go Physician in attendance		
Yes			Address		George W Ferguson		
Accident or Suicide?					Mt. Etna		



Name
in
Full

Infant To clear

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	Mother's Birthplace		
Father's Name	Benjamin Frockier		✓	✓		
Mother's Maiden Name	Kiddie or Brown		✓	✓		
Name of person giving information	Martin H Smith		How related to deceased	not rel		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Not at all

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

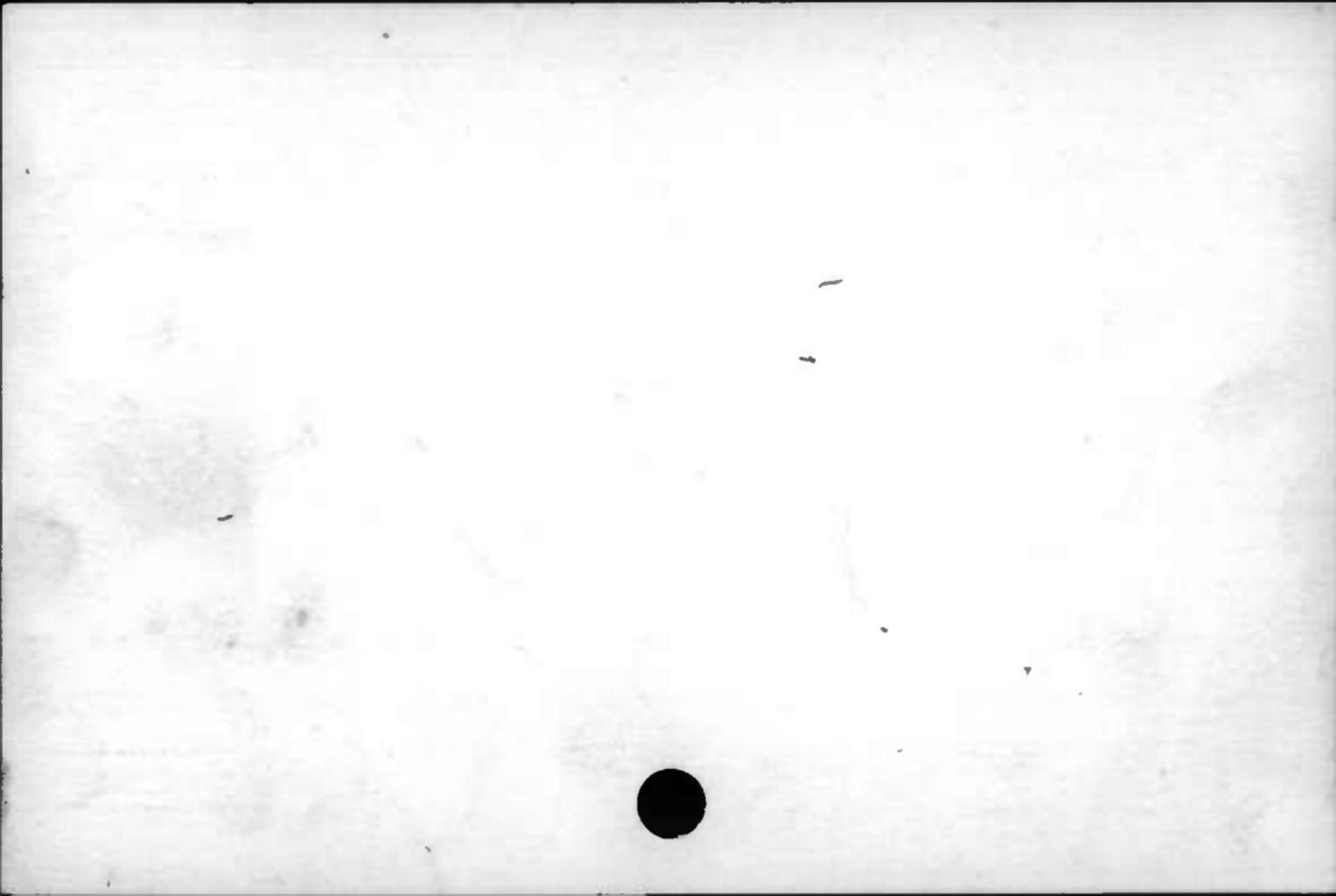
Signature of Physician

No Physician

Address

Signed by John Clark
Beau Creek Justice Peace.

8
Accident or Suicide



Name
in
Full

Roy A Fox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Indian Spring</u> Town		<u>Washin</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>4</u>	Day <u>6</u>	Years <u>22</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Foxville md</u>			
Occupation <u>Day Laborer</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Wm L Fox</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Emma Duncan</u>	Mother's Birthplace <u>md</u>				
Name of person giving Information <u>J. L. Fox</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

Primary Acute Miliary Tuberculosis ~~71~~ How long 3 mos

Immediate Tuberculous Meningitis ~~71~~ How long

Are the name, age, sex, color, date and place correctly given above?

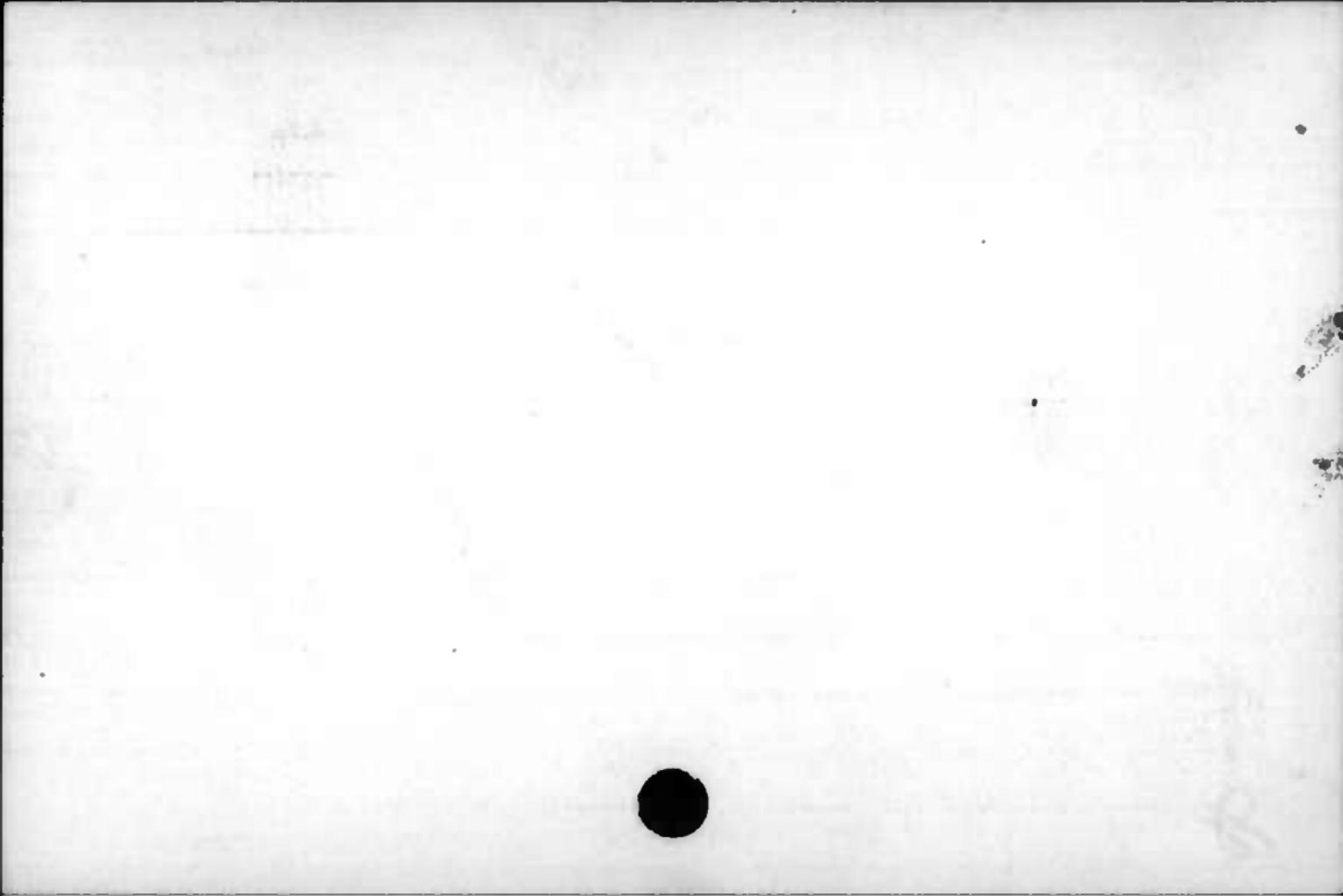
Signature of Physician

C. J. Mason, M.D.

Address

Clearspring, Md.

Accident or Suicide?



Name
in
Full

Mrs Sarah Ann Oswald Gassman

CERTIFICATE OF DEATH

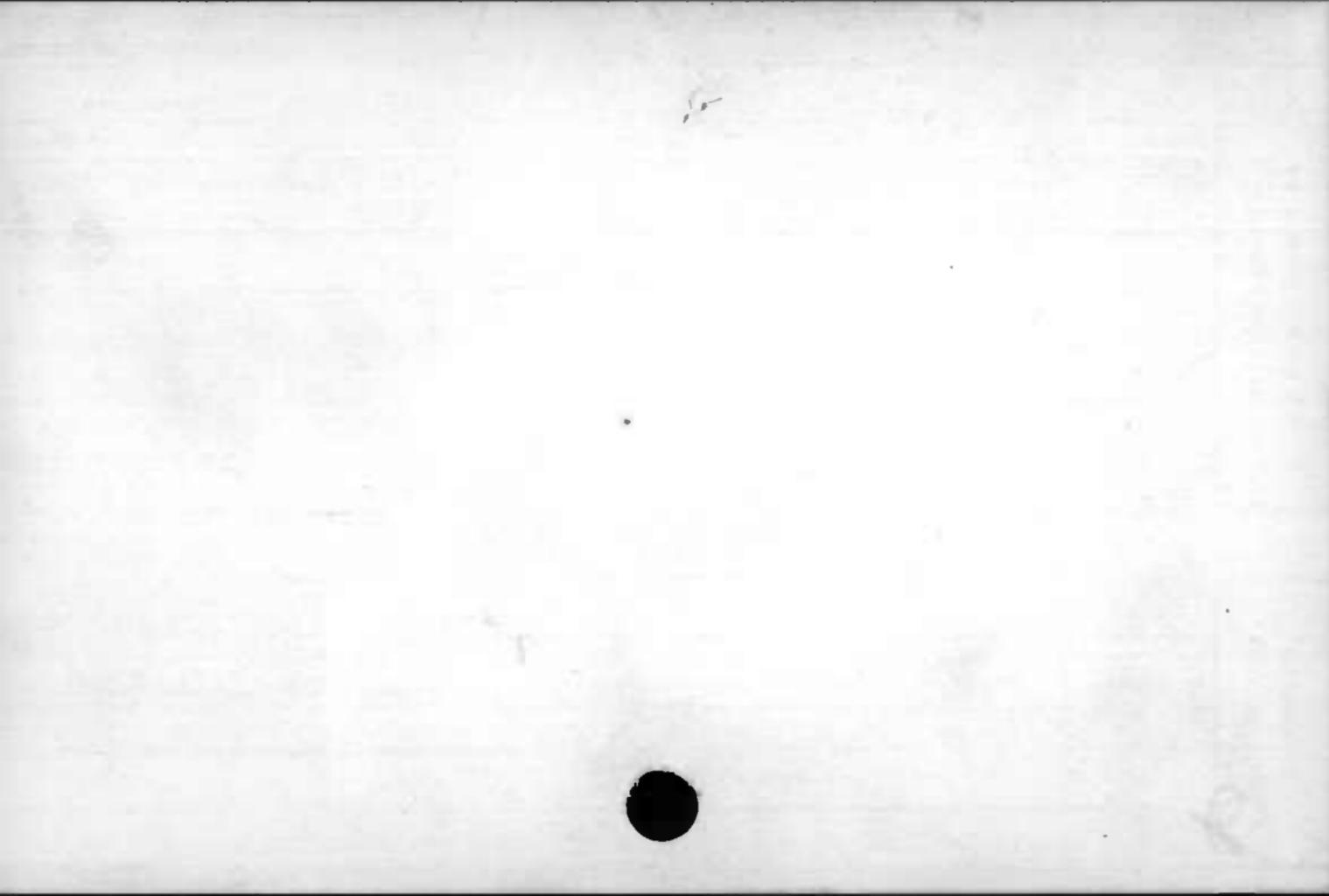
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	white	Birth-place	Md.	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Husband	William Gassman			
Father's Name	Frederick Thomas				
Mother's Maiden Name	Sarah Ann Oswald				
Name of person giving information	William Gassman				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Disease	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
a. P. Hauger		
HAGERSTOWN MARYLAND		
Accident or Suicide?		



Name
in
Full

John Rudolph Grove

CERTIFICATE OF DEATH

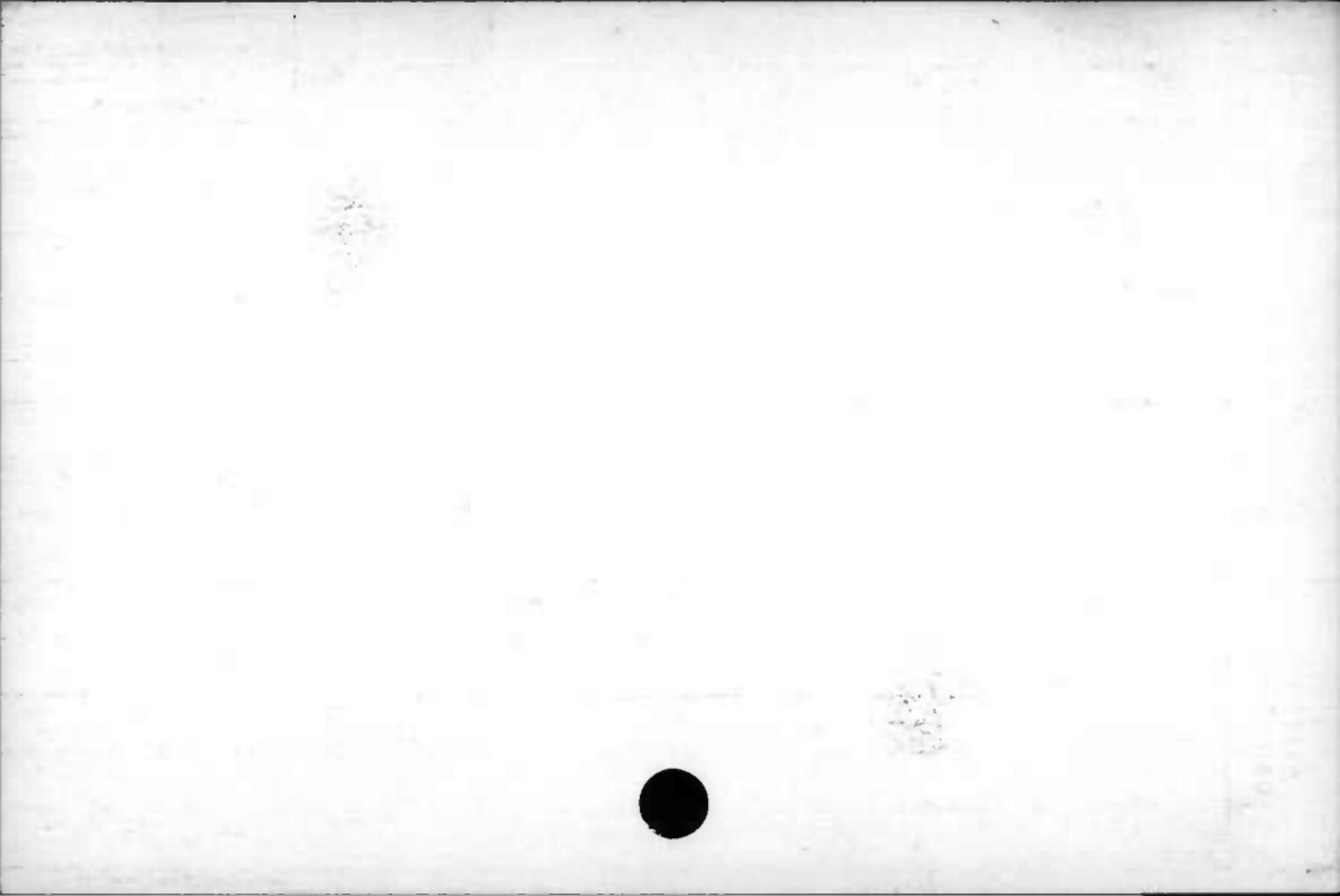
To BE ANSWERED BY
NEAREST FRIEND

Died at	Big Spring	County	MARYLAND
Date of death	1905 April 27	Day	Months Days
Sex	male	Age	1
Occupation	Color or Race	White	Birth-place
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death	
Father's Name	Samuel R. Grove	Father's Birthplace	Md
Mother's Maiden Name	Georganna Webb	Mother's Birthplace	No
Name of person giving information	Father	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchial catarrh	How long	Three months
Immediate	Whooping Cough	How long	Three weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Abraham Frank
		Address	Clearspring Washington County
J		Accident or Suicide	



Name
in
Full

Daniel Z. Hamburg

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1904	Month 4	Day 14	Years	Months 11	Days 12	
Sex	Male	Color or Race	White	Birth-place	Md		
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband			Father's Birthplace	Ja	
Father's Name	Charles Z. Hamburg			Mother's Birthplace	Md		
Mother's Maiden Name	Nannie Z. Smith			How related to deceased	Daughter		
Name of person giving information	Charles Z. Hamburg						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Enteric Colitis

How long

2 weeks

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes.
-

Signature of Physician

V. C. Dr. D. H. Jr.

Address

Hagerstown, Md.

Accident or Suicide?



Name
in
Full

Elizabeth

Hamburg

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Hagerstown

Town County Washington

MARYLAND

Date of death 1904 Month 11 Day 4 Years 80 Months 4 Days

Sex Female

Color or Race White

Birth-place Pa

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's Name

Howard Hamburg

Father's Birthplace Pa

Mother's Maiden Name

Margarett Brooks

Mother's Birthplace Pa

Name of person giving
Information

How related
to deceased Sister

CAUSES OF DEATH

Primary

Cancer of breast

How long

some months

V3

Immediate

Cancer

How long

Some months

Are the name, age, sex, color, date
and place correctly given above?

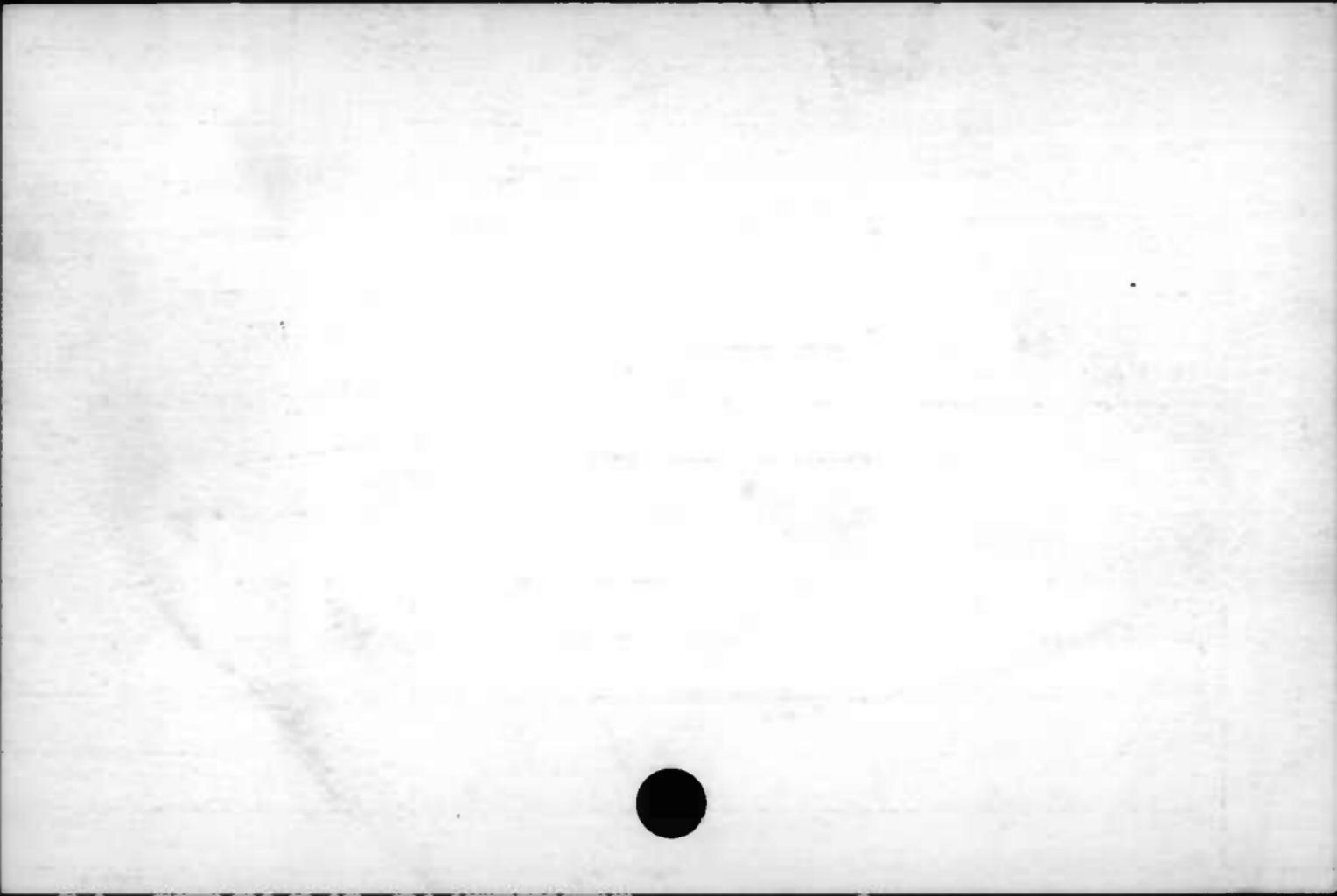
Signature of
Physician

yes

Address

Chas D. Boyle M.D.
Hagerstown Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Still Born child Charella Barker

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date
of death

1905

Month

4

Day

25

Years

—

Months

Days

Sex

male

Color or
Race

white

Birth-
place

md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

Elias Barker

Father's
Birthplace

Penns

Mother's
Maiden Name

Ella Scary

Mother's
Birthplace

Md.

Name of person giving
Information

Ella Barker

How related
to deceased

mother

CAUSES OF DEATH .

Primary

Premature birth

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

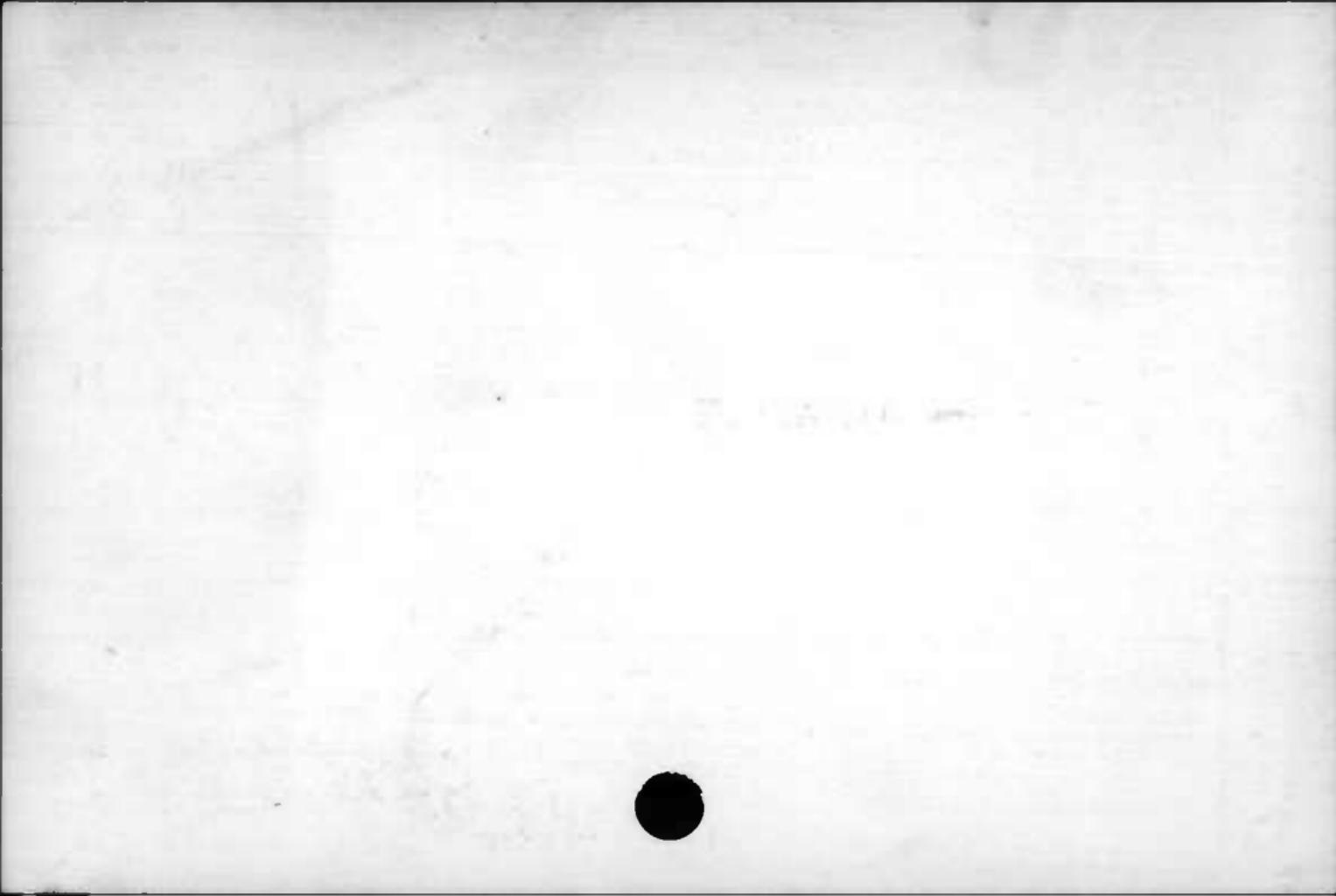
Signature of
Physician

Address

H. K. Dyer M.D.

Reagerstown
Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jane Katharine Henderson						CERTIFICATE OF DEATH		
Died at Hancock		Town	County Washington		MARYLAND			
Date of death	1905	Month Apr. 17	Day 17	Years 72	Age	Months	Days	
Sex Female	Color or Race White		Birth-place Near Hancock					
Occupation Wife	Where Residing if not at place of death Home							
Married, Single or Widowed Widow	Name of Wife or Husband C.W. Henderson							
Father's Name Danice Brosius	Father's Birthplace Holland							
Mother's Maiden Name E.M. Johnson	Mother's Birthplace							
Name of person giving information Ernest C Henderson	How related to deceased Son							

CAUSES OF DEATH

Primary

General Paroxysm

How long

Immediate

How long

1 Year

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

P. E. Stigges,
Hancock.
Md.

Dr Stigars

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Thomas A. Higgins.

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1905	Apr	21	78				
Sex	male	Color or Race	white	Birth-place	Md.		
Occupation	Labourer		Where Residing if not at place of death				
Married, Single or Widowed	widower	Name of Wife or Husband	Louisa				
Father's Name	Not Known		Father's Birthplace				
Mother's Maiden Name	"	"	Mother's Birthplace				
Name of person giving information	Ida Dunn		How related to deceased	none			

CAUSES OF DEATH

Primary

How long

immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of
Physician

Address

Accident or Suicide?

No physician in attendance.

Waggoner & Son
Wagonslawn
Md.

Mt. Tabor -

Name
in
Full

Maria Holmes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wives Husband	James W. Holmes			
Father's Name	Philip Stone			Father's Birthplace	M.d.
Mother's Maiden Name	Sophia Smith			Mother's Birthplace	M. d.
Name of person giving information	Emma J. Holmes			How related to deceased	daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage

64
How long

4 months

Immediate

"

How long

"

Are the name, age, sex, color, date and place correctly given above?

yes

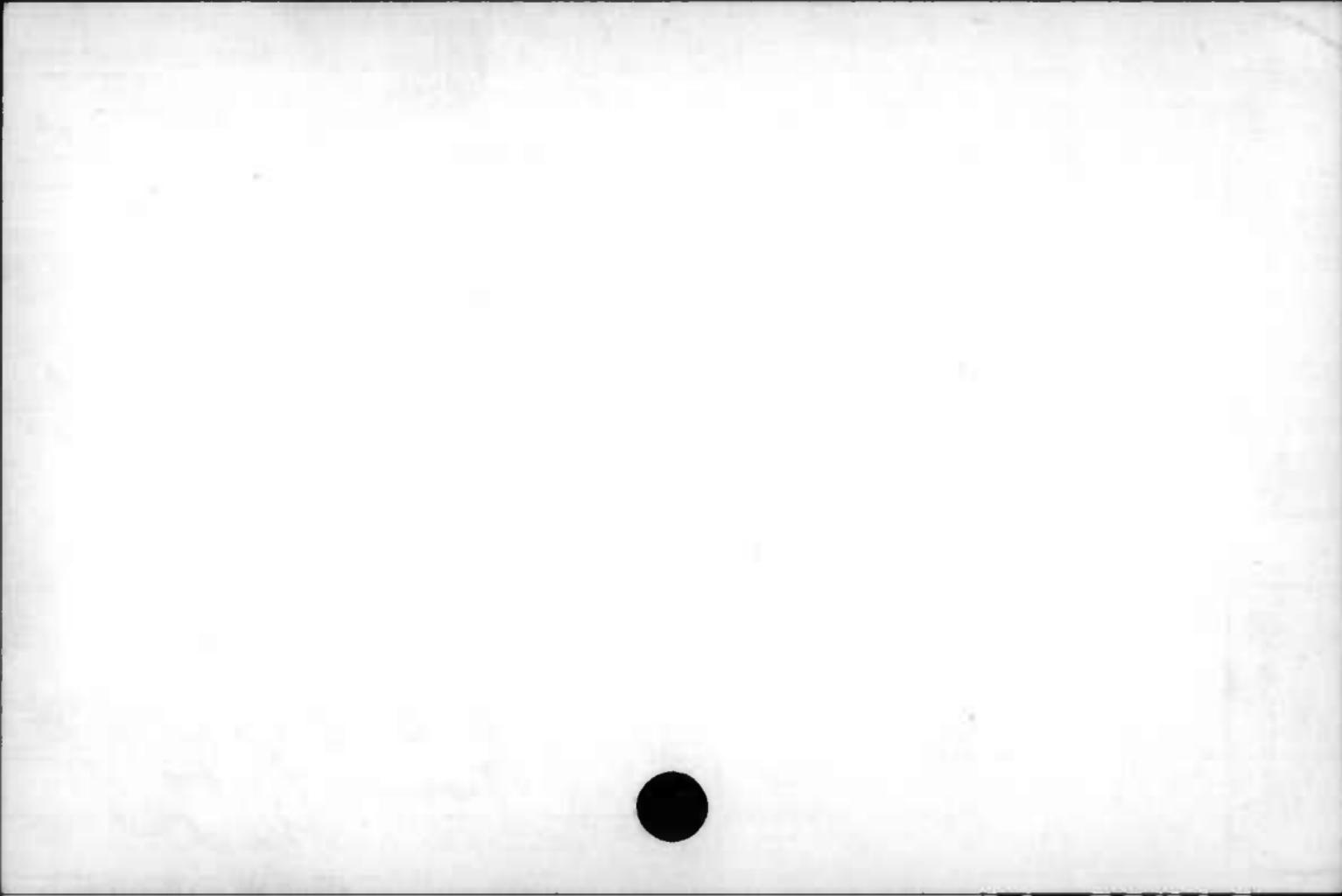
Signature of Physician

Address

J. J. Younce,
Brunswick
Md.

Accident or Suicide?

J.



Name
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Houpt				CERTIFICATE OF DEATH		
Died at	Town	County			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Female	Color or Race	White-	Birth-place	Boonsboro	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Francis Houpt -					Father's Birthplace
Mother's Maiden Name	W. E. Easterday					Mother's Birthplace
Name of person giving information	F. Houpt -					How related to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

S.S. Davis M.D.

Address

Boonsboro
Md

Accident or Suicide?

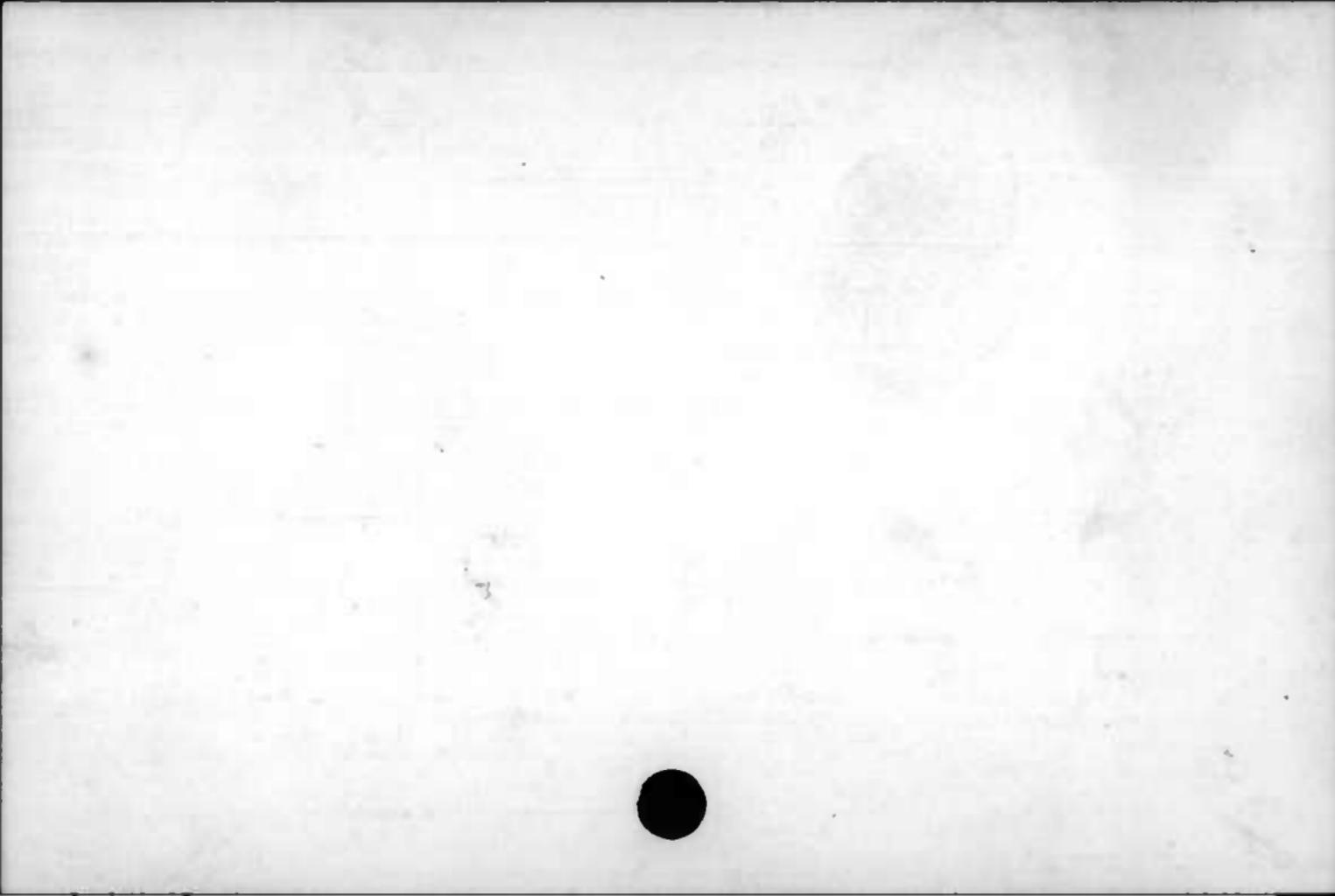


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<h1>Garry L Huffman</h1>						CERTIFICATE OF DEATH	
Died at	Town	Bakersville	County	Washington	MARYLAND		
Date of death	Month	4	Day	8	Years	16	Months
Sex	male	Color or Race	white	Birth-place	Bakersville		
Occupation	Labourer			Where Residing if not at place of death	Bakersville		
Married, Single or Widowed	single	Name of Wife or Husband	x	Father's Birthplace	Wardyside		
Father's Name	J A Huffman			Mother's Birthplace	Bakersville		
Mother's Maiden Name	Georgeanna Eakle			How related to deceased	Mother		
Name of person giving information	Georgeanna Huffman						
CAUSES OF DEATH							
Primary				(Not)	How long		
Immediate	Fracture cervical vertebra suslantanea				How long		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J.M. Reichard				
		Address	Fairplay.				
Accident or Suicide?							



Name
in
Full

Elizabeth Catherine Kutzell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

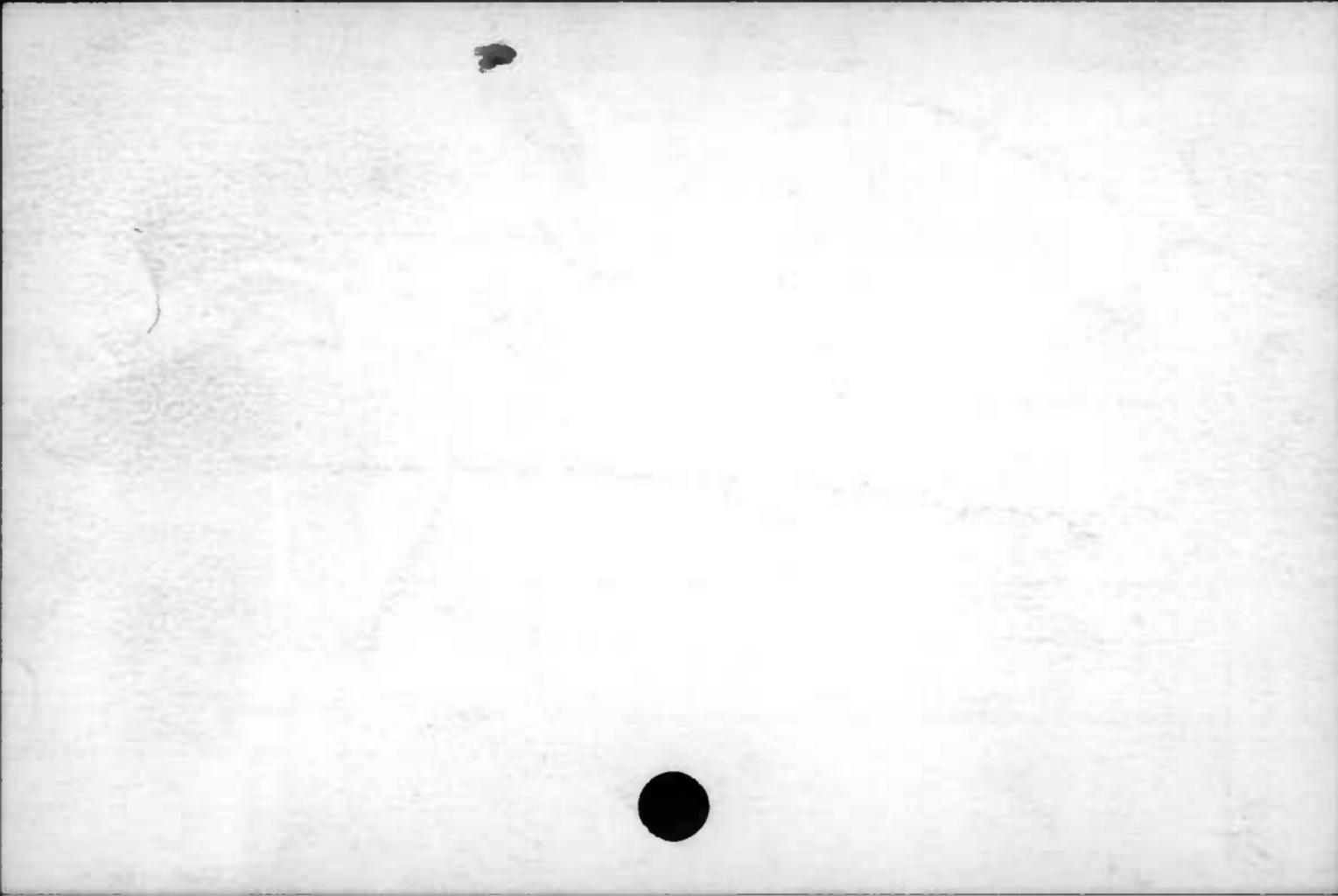
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Housewife				
Married, Single or Widowed	Name of Wife or Husband		Raymond E. Kutzell		
Father's Name	Phillip Leopold				
Mother's Maiden Name	Mary Sloane				
Name of person giving information	Samuel E. Kutzell				

CAUSES OF DEATH

Primary	Intestinal Hepatitis	19	How long	Want to know
Immediate	Intestinal Regurgitation		How long	Want to know.
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. Hubert Wade M.D.
			Address	Boonsboro.
Accident or Suicide?		No.	Maryland	

PHYSICIAN
OR CORONER





Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J

Jacob Kendall.

CERTIFICATE OF DEATH

MARYLAND

Died at	Town		County				
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race		Birth-place				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace		Mother's Birthplace		
Father's Name	Son Kendall		Near Smithsburg		Near Smithsburg		
Mother's Maiden Name	Mary Anna Bowman		Near Smithsburg		Near Smithsburg		
Name of person giving information	John Lear		How related to deceased		No relation		

CAUSES OF DEATH

Primary

Killed on Rent Roads by Gun Half Town

How long

How long

Immediate

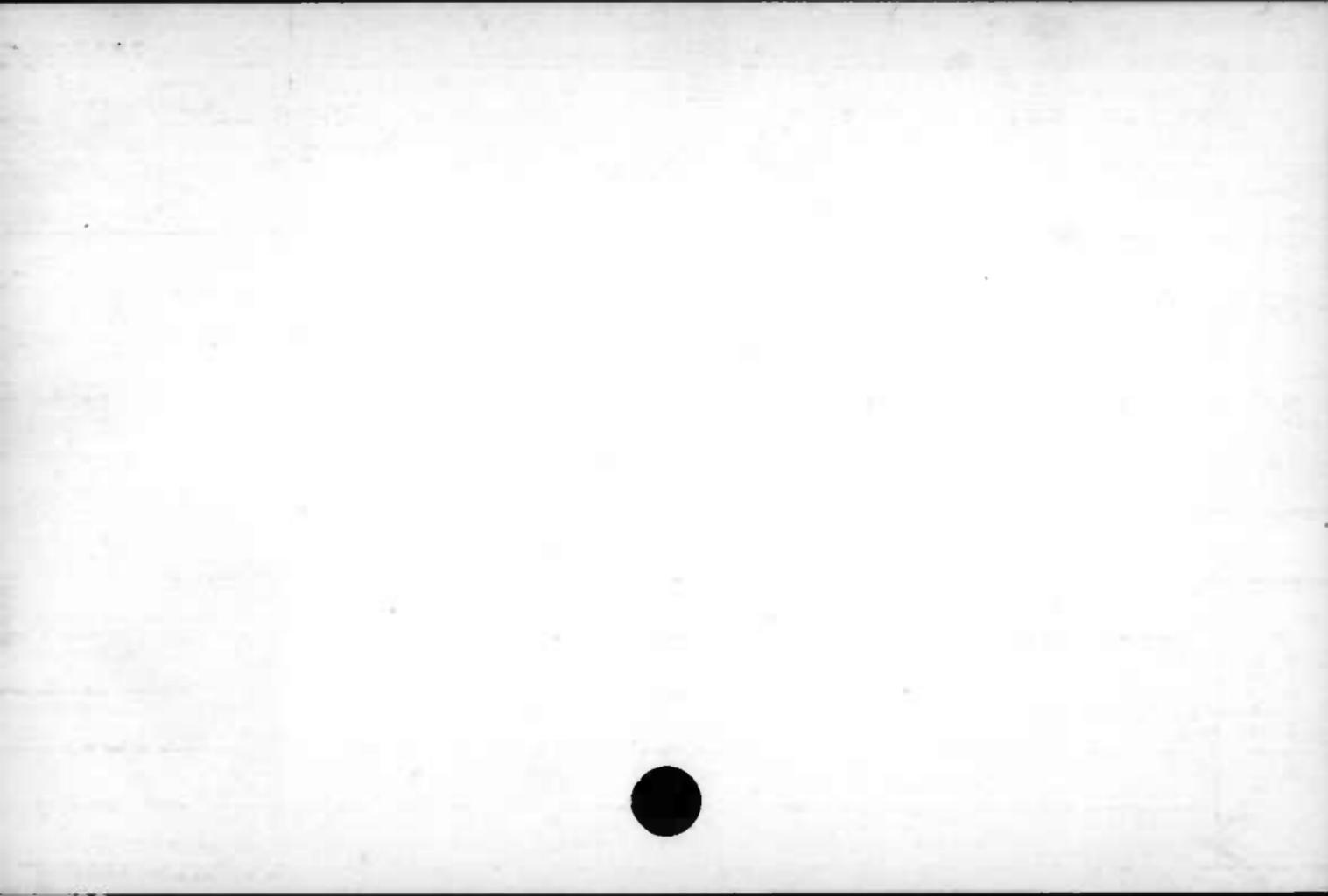
" "

Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?



Name
in
Full

Samuel E Kennedy

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Munths	Days
Sex	Color or Race	White	Birth-place Washington D.C.		
Occupation	Where Residing if not at place of death				
Married, Sing. [initials]	Name of Wife or Husband	Kate Strauss			
Father's Name	Francis Kennedy				
Mother's Maiden Name	Frances Electrich				
Name of person giving information	Wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

18 months

77 How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

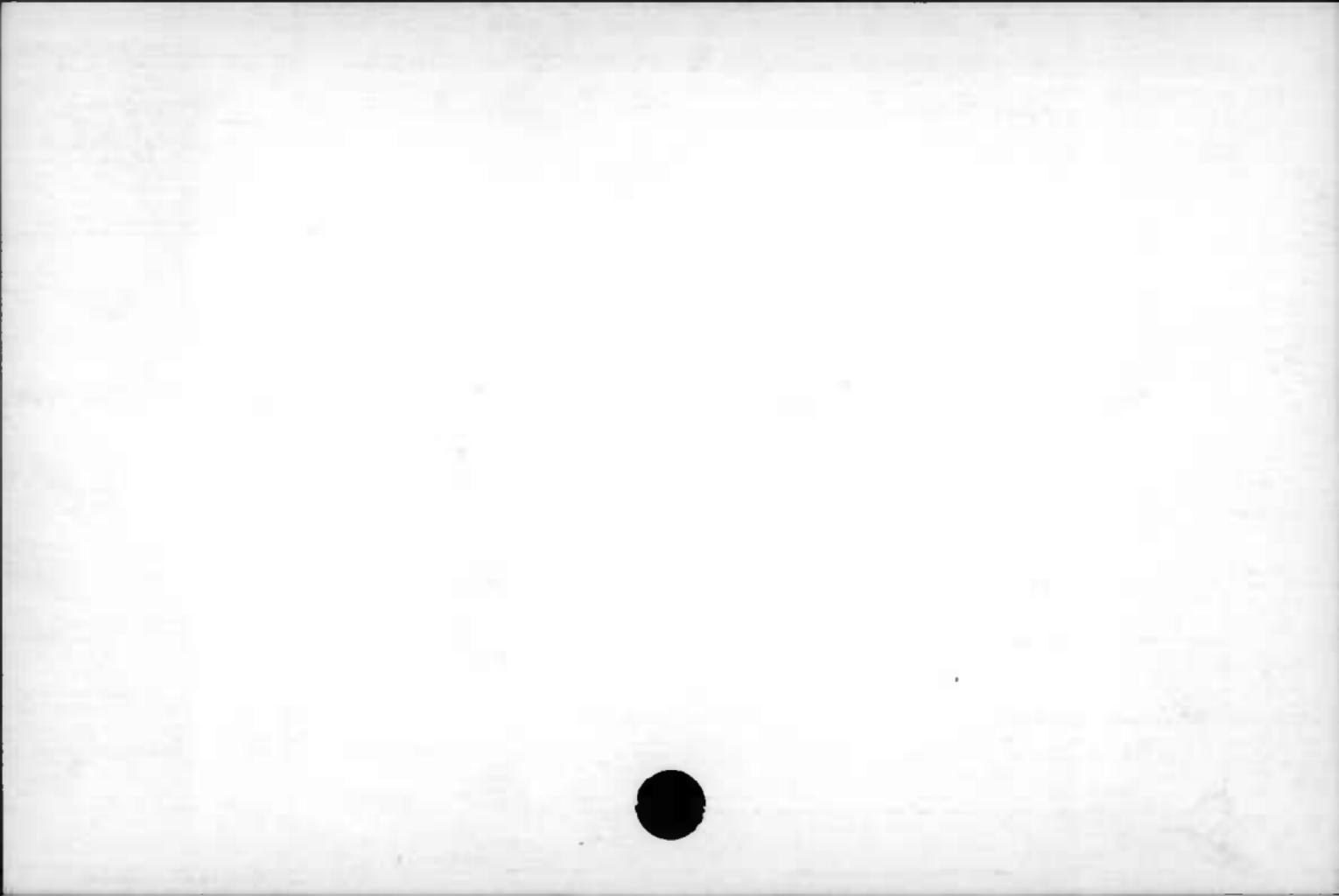
Signature of Physician

Address

E. J. Smith

Bowensboro
Md

Accident or Suicide?



Name
in
Full

Oliver Cromwell Knobell

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Bowesboro Town County

MARYLAND

Date of death 1905 April 20 Month Age 86 Day Years Months Days 4 21

Sex Male Color or Race White Birth-place Maryland

Occupation Plasterer Where Residing if not at place of death _____

Married, Single or Widowed Widower Name of Wife or Husband _____

Father's Name Jacobs Knobell

Father's Birthplace Unknown

Mother's Maiden Name Mary Bentz

Mother's Birthplace Unknown

Name of person giving information Sister - T. Knobell

How related to deceased Grand Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis -

How long

10 weeks

Immediate

(66)

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

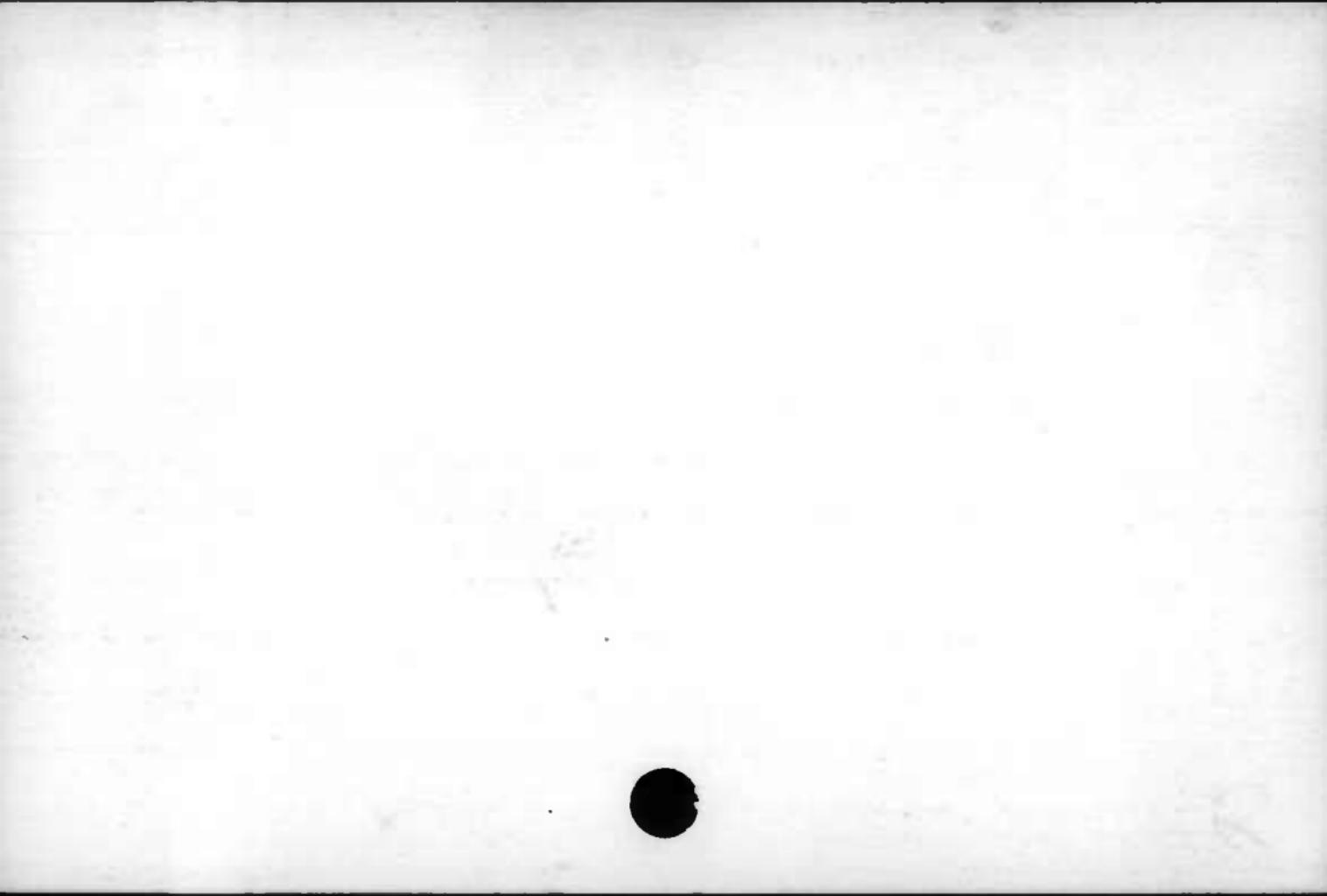
Signature of Physician

W.B. Wheeler & Son

Address

Bowesboro
Washington -

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birthplace	
Occupation.	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife	Mrs Nettie Leggett.			
Father's Name	John Leggett				Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information	Mrs. Nettie Leggett				How related to deceased

CAUSES OF DEATH

Primary

Ptyaenia
Exhaustion

How long

4 weeks

Immediate

7/20

How long

Are the name, age, sex, color, date and place correctly given above?

Yrs

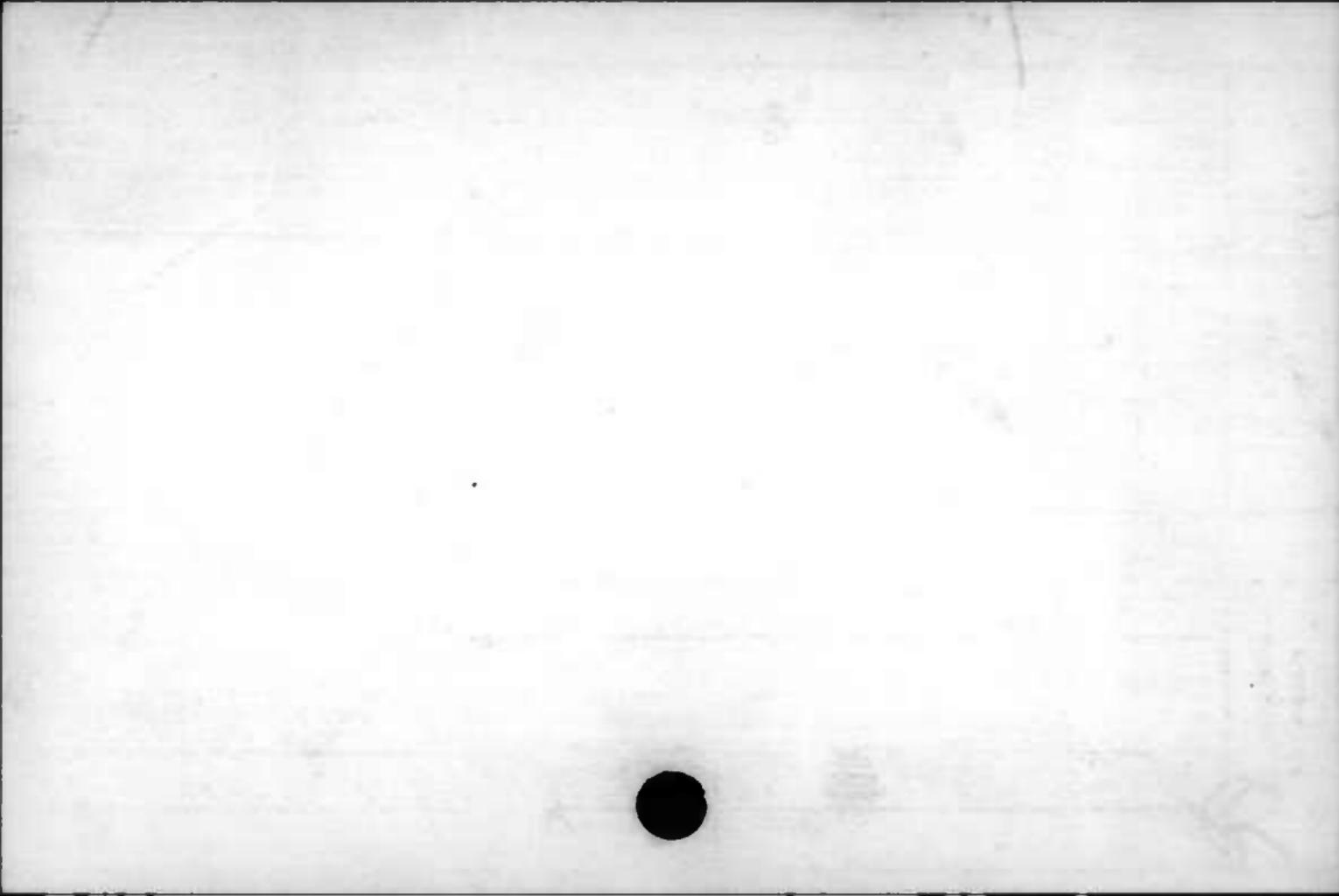
Signature of Physician

Address

Victor D. Miller Jr.
Hagerstown
Md

Accident or Suicide?

7/22



Name
in
Full

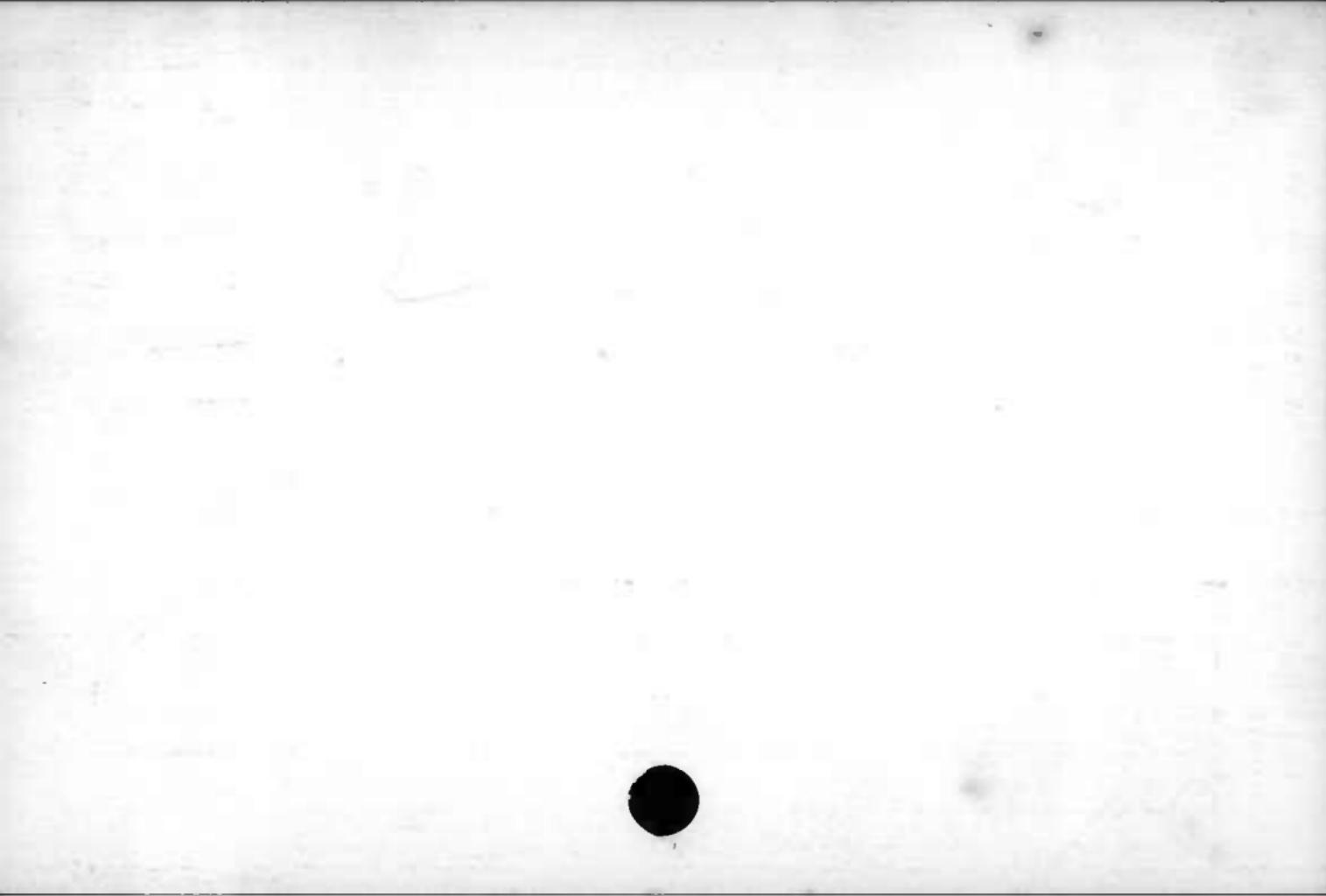
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at: Cheverille				County Washington		CERTIFICATE OF DEATH	
Died at:	Town	Month	Day	Years	Age	Months	Days
Date of death	1905	Apr	16	68	5	2	
Sex	Male	Color or Race	White			Birth-place	near Cheverille
Occupation	Carpenter		Where Residing if not at place of death	" "			
Married, Single or Widowed	Name of Wife or Husband		Mrs.	Longanester		Father's Birthplace	Cheverille
Father's Name	Alvan Longanester				Mother's Birthplace		Dont Know
Mother's Maiden Name	Dont Know				How related to deceased		Wife
Name of person giving information	Mrs Joz Longanester						

CAUSES OF DEATH

Primary	Chronic Nephritis	How long	One year
Immediate	Heart Failure	How long	One week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	D Joz Longanester
		Address	Millville
J			16d.
Accident or Suicide?			



Name
in
Full

Aura M. Dade

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Hagerstown	Washington		
Date of death	Month	Day	Years Age
1905	4	12	57
Sex	Color or Race	Birth- place	
Female	White	Ind	
Occupation	Where Residing if not at place of death		
House Work			
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Widow	John Liger	John Liger	Pa
Mother's Maiden Name	Maydaline Polty	Mother's Name	Ind
Name of person giving Information	W E McDade	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Interstitial Nephritis (X20) Don't know

How long

Immediate

General Disability (X20) About six months

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Daniel T. Conkle

Hagerstown Ind.



Accident or Suicide?

Rose Hill

Name
in
Full

Edward W. Mabley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Ellen C Mabley	
Father's Name	Ely Mabley	Father's Birthplace	Md
Mother's Maiden Name	Sophia Maberry	Mother's Birthplace	Md
Name of person giving Information	Richard Mabley	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

(66)

How long

couple years

Immediate

Shaftton

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. M. P. Scott

Hagerstown.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Oda May Maclay

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	John H. Maclay.		Father's Birthplace	Penns.
Mother's Maiden Name	Sue Stark		Mother's Birthplace	
Name of person giving information	J. H. Maclay		How related to deceased	father

CAUSES OF DEATH

Primary Pertussis & Pneumonia How long 2 weeks
Immediate Exhaustion How long 8

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

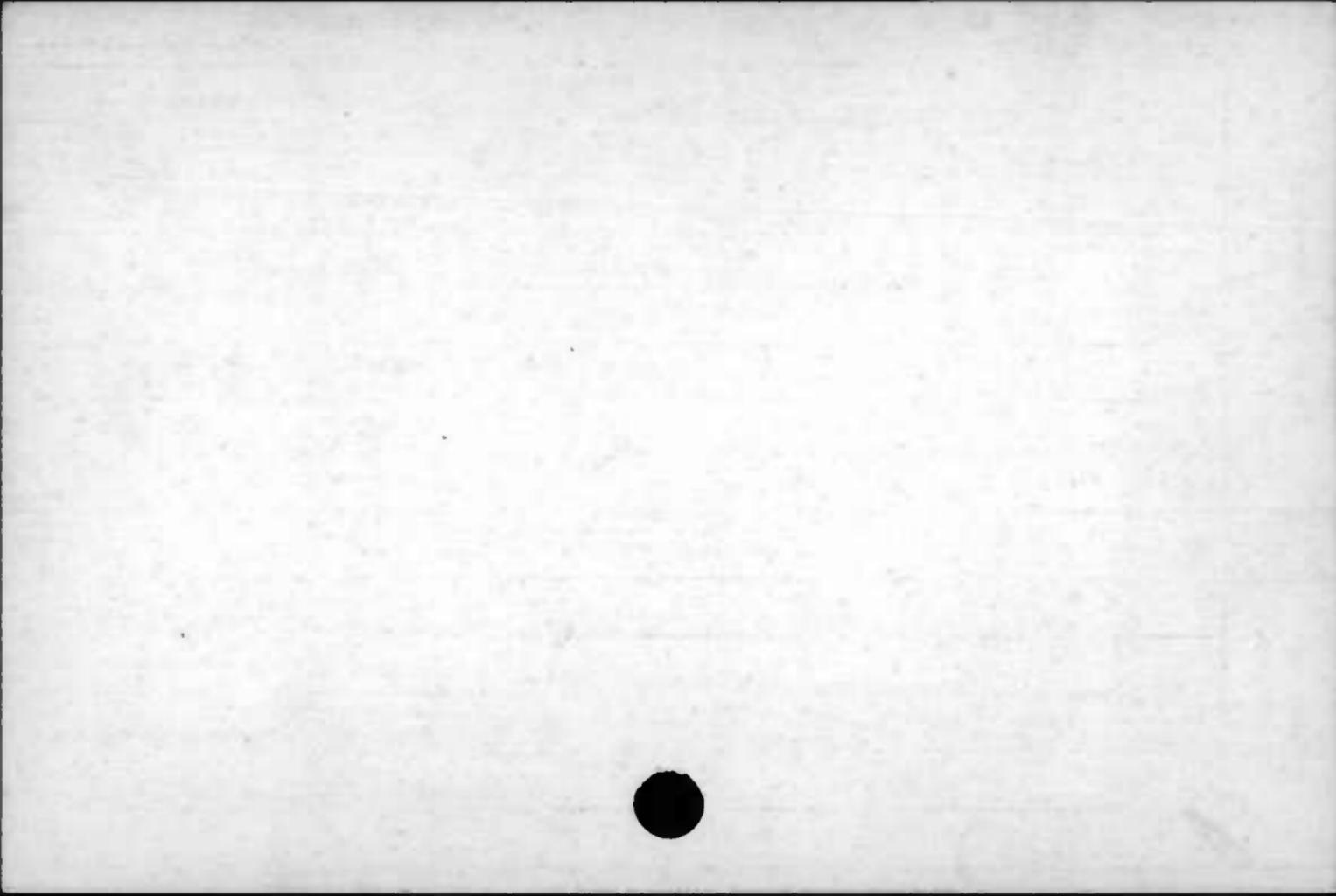
Address

H. H. Den.

Hagerstown

Md.

Accident or Suicide?



Name
in
Full

George Washington Myers

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	town <u>Sharpsburg</u>	County <u>Washington</u>	MARYLAND		
Date of death	Month <u>1908 Apr.</u>	Day <u>18.</u>	Years <u>1.</u>	Months <u>2.</u>	Days <u>4.</u>
Sex	<u>Male</u>	Color or Race <u>White.</u>	Birth-place <u>Sharpsburg</u>		
Occupation	<u>~~~~~</u>		Where Residing if not at place of death <u>~~~~~</u>	<u>4.</u>	
Married, Single or Widowed	<u>~~~~~</u>	Name of Wife or Husband <u>~~~~~</u>	Father's Birthplace <u>Md</u>		
Father's Name	<u>Clifford Myers</u>		Mother's Birthplace <u>~~~</u>		
Mother's Maiden Name	<u>Annie Carter</u>		How related to deceased <u>Mother</u>		
Name of person giving information	<u>Annie Carter</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis

How long

2 weeks in charge

Immediate

"

90

How long

-

Are the name, age, sex, color, date and place correctly given above?

As far as I know

Signature of Physician

G. Howard Gardner

Address

Sharpsburg Md.



Accident or Suicide?

Eugene Marker,
Undertaker,

Name
in
Full

Lewis Hudon Paden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Father's Name	Andrew Paden	Perry Co. Pa			
Mother's Maiden Name	Sophia Jones	Mother's Birthplace			
Name of person giving information	Sophia Paden	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

How long

18 months

Immediate

Heart Failure

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes.

Lewis B. Rogers Undertaker

Smelnsburg Md.

Accident or Suicide?



Name
in
Full

John G Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

~~Retired Merchant~~

~~John G Ernest~~

~~154~~

CAUSES OF DEATH

Primary

Senility

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E A Worrell

Address

Accident or Suicide?

Percy / Perci

Name
in
Full

Mary V. Richards

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Raymond Richards			
Father's Name	J. H. Datto	Father's Birthplace		Dear Hancock	
Mother's Maiden Name	Sarah A. Bowry	Mother's Birthplace		"	
Name of person giving information	J. H. Datto	How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	3 years
Immediate	Exhaustion	How long	1 wk
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Albert Hancock Md
Yes		Address	
X Accident or Suicide?			

short

Name
in
Full

Mary Ellen Roby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	April	17	60	6	
Sex	Color or Race	White	Birth-place	Dont Know	
Occupation	Where Residing if not at place of death			In W ^{as} Co Md	
Married, Single or Widowed	Name of Wife or Husband	John Roby			
Father's Name	Dont know			Father's Birthplace	Dont Know
Mother's Maiden Name	Mary Ellen Souders			Mother's Birthplace	Dont Know
Name of person giving information	Walter Roby			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

15 yrs

Immediate

Lobar Pneumonia

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

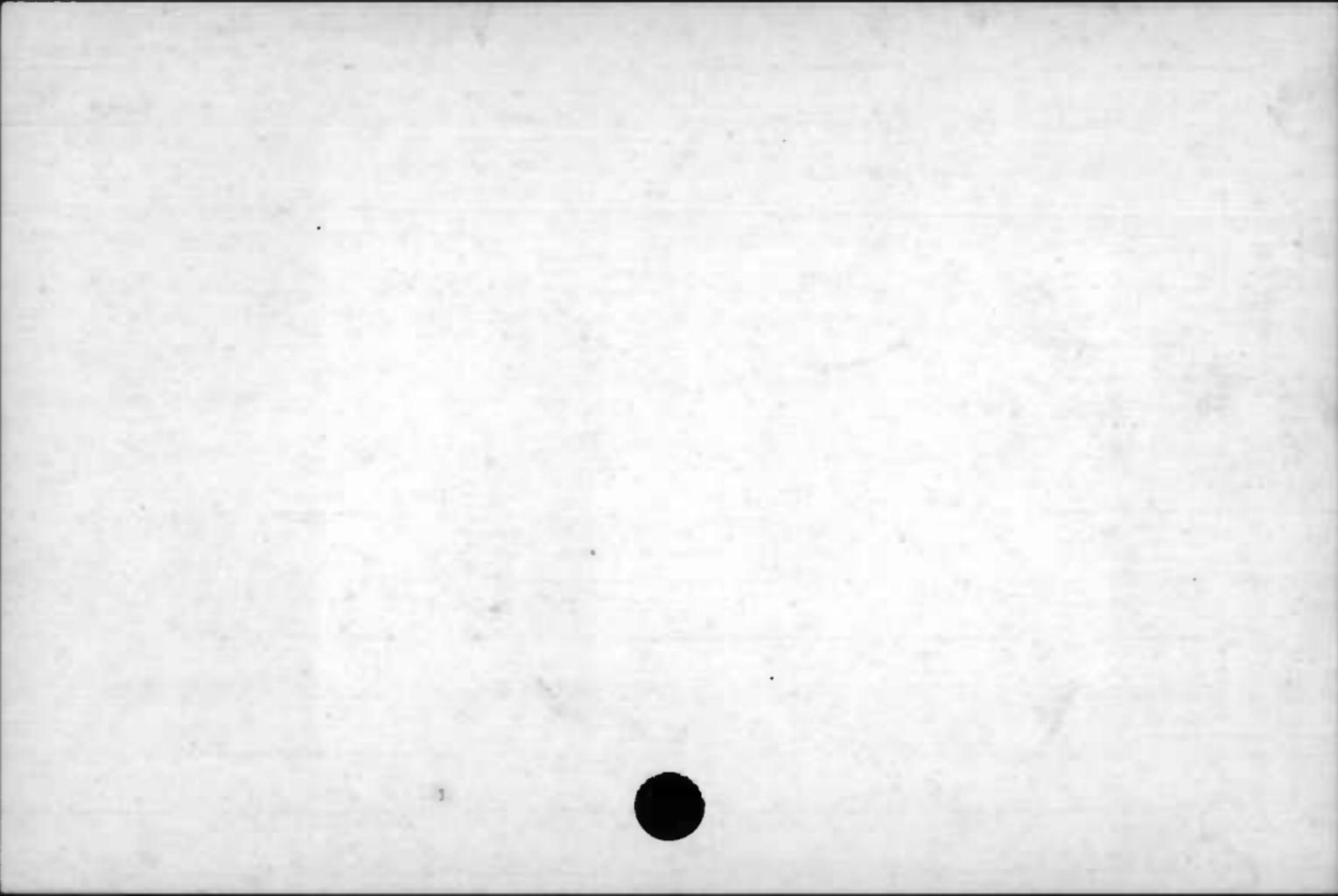
Signature of Physician

Yes,

Address

H. E. Tabler
Hancock MD

Accident or Suicide?



Ida Alice Rondy

Died ~~in~~ ^{Town} near Beaver Creek ^{County} Washington MARYLAND

Date: 1905	Month: 4	Day: 17	Age: 41	Y. M. D.: 7. 12	Native of: Maryland	Occupation: Housewife
<input checked="" type="checkbox"/> Male	White	Married	<input checked="" type="checkbox"/> Widow	<input checked="" type="checkbox"/> Divorced		
<input type="checkbox"/> Female	Coroner	one	<input checked="" type="checkbox"/> Widower	Number of children living: 5		

Husband of: George Blaggett Rondy
 Wife: John Seadale Mother's Name: Barbara Smith

Cause of Death: Primary	Miscarriage	How long sick: 2 days
Death: Immediate	Heart Failure	<input checked="" type="checkbox"/> Accident, Suicide, Homicide

Reported by:

Dr. J. W. Getzendanner

Address:

Beaver Creek Washington Co., Md.



Name
in
Full

Ann E. Ryan

246

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Years	Months	Days
Sex	Color or Race	Birth-place		
Occupation	Where Residing If not at place of death			
Married, Single or Widowed	Name of Husband	Williamport Md		
Father's Name	Timothy Ryan			
Mother's Maiden Name				
Name of person giving information	Geo. W. McCardel			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Old age  How long

Immediate Heart failure  How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. D.T. Lester

Address

Williamport Md.

Accident or Suicide? Natural

V



Name
in
Full

John H. Ryan

249

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Ireland
Father's Name	Zenith Ryan	Mother's Birthplace	Ireland
Mother's Maiden Name	Annie McPheevey	How related to deceased	Sister-in-law
Name of person giving information	G.W. Gaudell		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pyaemia

How long

sick 3 months

Immediate

Cardiac failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. I. Lester

Williamsport Md

A -icide?

natural

J M Miller

Robert Seeler

Town

County

Died at

*over Zieggs**Wash*

MARYLAND

Date 19

45

Month

Day

M.

D.

Native of

Occupation

Male

White

Age
Married

33-11-3

Widow

Mod Laborer

Divorced

Female

Colored

Single

Widower

Number of children living

5-

Husband of

Wife

Elizabeth Holmes

Father's

Name

Isaac Seeler

Mother's

Lizzie Ainsworth

Cause of

Primary

Labruffa

How long sick

2 weeks

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

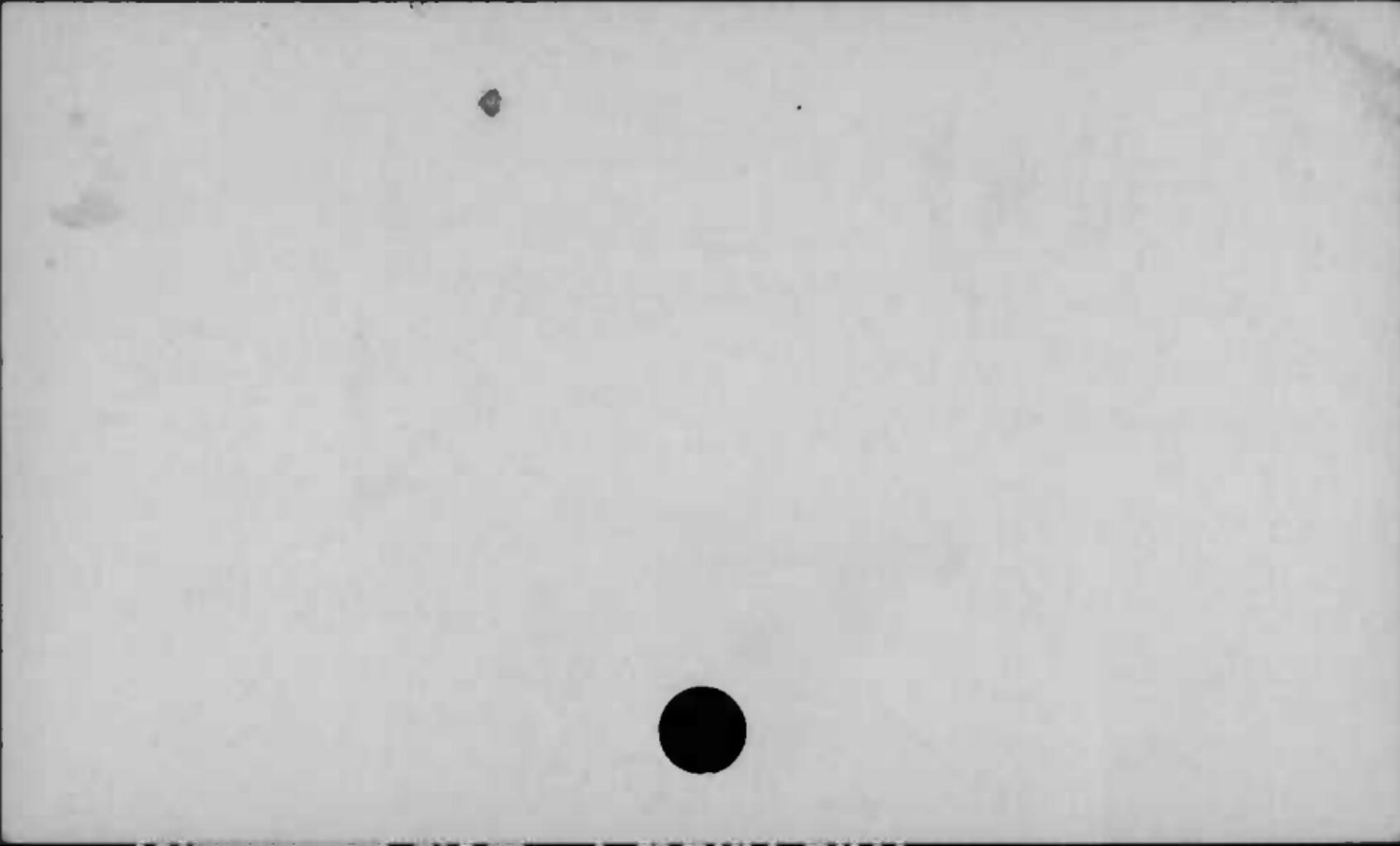
Reported by

*C. D. Baker**M.D.*

Address

*Rohrsville**N.Y.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Paul Seigner

Town

County

Died at *Beaver Creek.**Washington Co. Md.*

MARYLAND

Date <i>1905</i>	Month <i>April</i>	Day <i>24</i>	Age <i>72</i>	Y. <i>4</i>	M. <i>13</i>	D. <i>13</i>	Native of <i>Maryland</i>	Occupation <i>Miller</i>
Male	White		Married	Widow			Breed	
Female	Catered		Single	Widower			Number of children living	<i>3.</i>

Husband of *Mary C. Worble*

Wife *John Seigner*

Mother's
Name *Harriet Payne*

Father's
Name

Cause of Death *Primary* *Fatty Degeneration of the Heart.* *How long sick* *Three Weeks*
Immediate *Exhaustion* *(X)* *Accident, Suicide, Homicide*

Reported by *Dr. J.W. Geitendanner*

Address *Beaver Creek.*



Washington Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Angelina Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Washington County			MARYLAND	
Died at	Franklocks	Month	Day	Years	Months Days
Date of death	1905	4	21st	Age 54	7 12
Sex	Female	Color or Race	White -	Birth-place	St. Va.
Occupation	Wife			Where Residing if not at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	John D Smith		
Father's Name	Franklin Stays			Father's Birthplace	St. Va.
Mother's Maiden Name	Rachel			Mother's Birthplace	St. Va.
Name of person giving Information	Mollie Kidwell			How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

How long

5 years

Immediate

Consumption

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

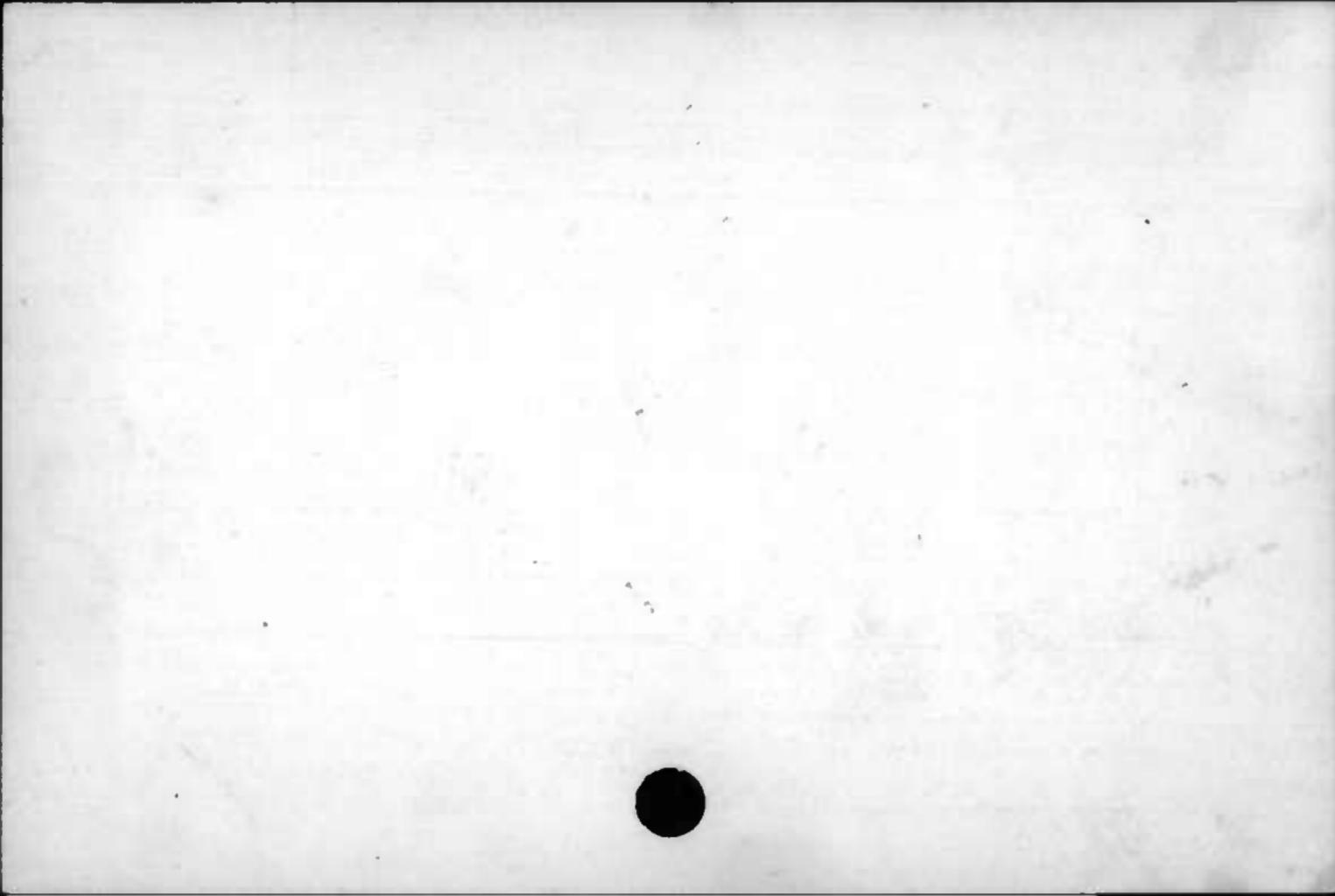
J. M. Fisher Jr. M.D.

Address

Big Pool.

Maryland

Accident or Suicide?



Name
in
Full

Dan A Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	Birth-place		
Occupation			Where Residing if not at place of death	Washington Co		
Married, Single or Widowed	Married	Name of Wife or Husband	Labourer		Washington Co	
Father's Name	Martin Smith		Viola G. Smith		Washington Co	
Mother's Maiden Name	Margaret Shauising		X			
Name of person giving information	Sally C Smith		How related to deceased		sister	

CAUSES OF DEATH

Primary ~~Pulmonary Tuberculosis~~ How long 1 year
Immediate ~~Exhaustion~~ How long

Are the name, age, sex, color, date and place correctly given above?

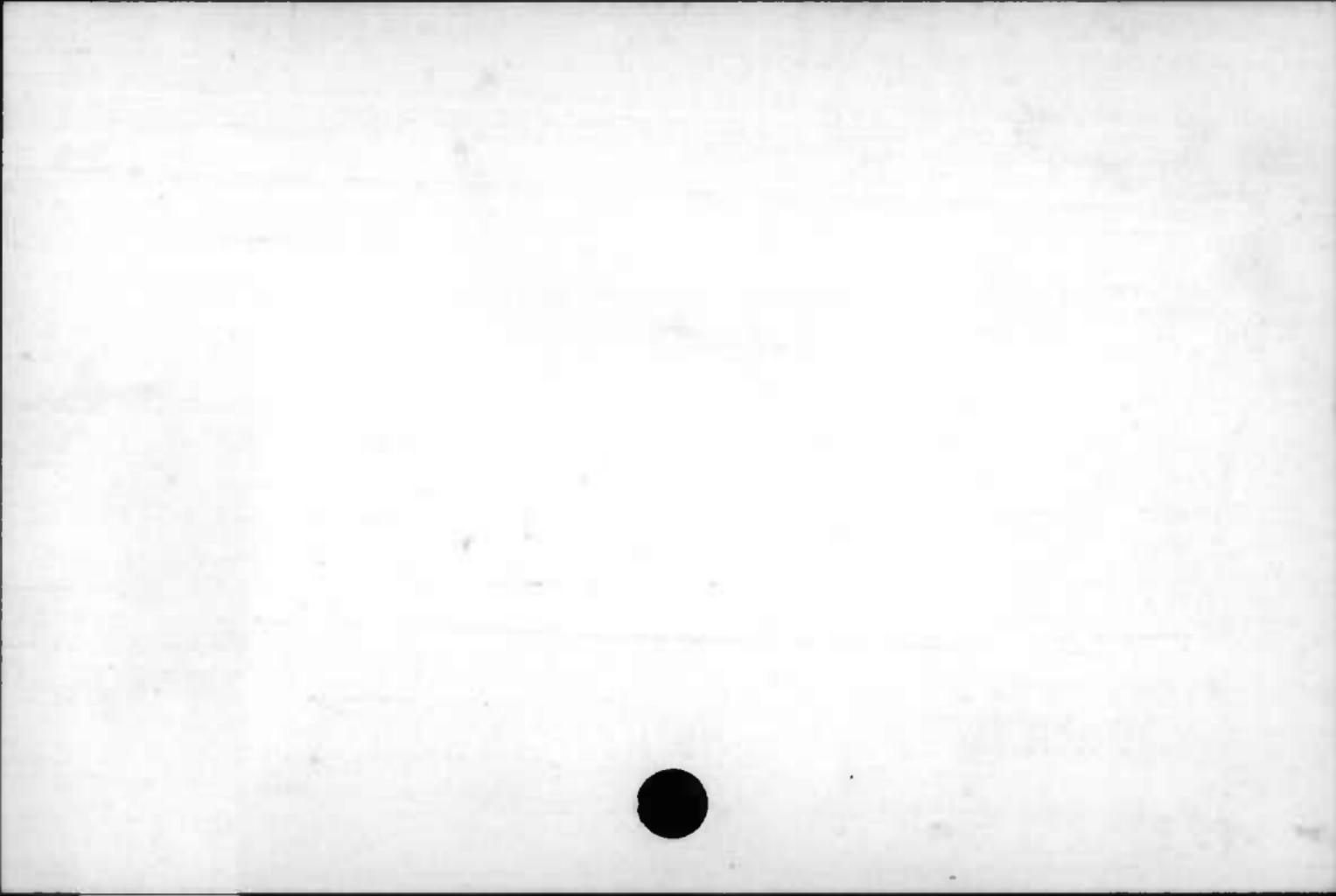
Signature of Physician

Address

Yes.

V. M. Reichard
Fairplay.

Accident or Suicide?



Name
in
Full

John D Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Town</u> <u>Farm Jones</u>		<u>County</u> <u>Washington</u>		<u>MARYLAND</u>	
Date of death	Month 4	Day 25	Years 53	Months	Days 36
Sex Male	Color or Race White	Birth- place <u>Or rather Washington</u>			
Occupation Laborer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Angelina	Father's Birthplace <u>Ireland</u>			
Father's Name Andrew Smith	Mother's Birthplace <u>Maryland</u>				
Mother's Maiden Name Elizabeth Ryan	How related to deceased Step Father				
Name of person giving Information Orvist Ryan					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Consumption	How long 3 yrs
Immediate Dry Asthma	How long 14 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician G.W. Fisher
	Address Big Pool
8	Accident or Suicide?

Ave

Name
in
Full

Died after ^{Birth} ~~before~~ ^{Death} ~~Birth~~ ~~of~~ ~~her~~ ~~husband~~ ~~Spouse~~ ~~Hagerty~~ ~~Stouffer~~

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown	County Washington	MARYLAND				
Date of death 1905	Month 7	Day 27	Age 27	Years	Months	Days
Sex Female	Color or Race White	Birth-place Md				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Md			
Father's Name Hiram J. Stouffer	Mother's Birthplace	Md				
Mother's Maiden Name Fidelia St. L. wife	How related to deceased	Father				
Name of person giving information Hiram J. Stouffer						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

S.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. E. Pittsogle
Hagerstown
Md

Accident or Suicide?

Rue Hill

Name
in
Full

Lillie A. Stouffer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death	Birth-place	Days
Married, Single or Widowed	Name of Wife or Husband	Melvin Stouffer.	
Father's Name	Josiah Reid	Father's Birthplace	Wilson
Mother's Maiden Name	Mary C. Dover.	Mother's Birthplace	Downdale.
Name of person giving information	Josiah Reid.	How related to deceased	Father.

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Ja Gippe	How long	In Myrtle
Immediate	Acute Phthisis	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S.W. Kunst H.D.
		Address	Hagerstown, Md.
Accident or Suicide?			

Wm Sheiss Underth
at Rose Tree

Name
in
Full

Francis H. Tanner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Munths	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Father's Name	Da.				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				
Heelie Tanner mother.					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Whooping cough



How long

Several weeks

Immediate

Pneumonia

How long

One week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

O.W. Agar,
Hagerstown, Md.

Accident or Suicide?



Name
in
Full

David Gardner Tucker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Antietam	Town	County	MARYLAND		
Date of death	1905	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Age	4	11. 27.
Occupation				Where Residing if not at place of death	"	
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	John C. Tucker			Father's Birthplace	Antietam	
Mother's Maiden Name	Liddy Ebersole			Mother's Birthplace	"	
Name of person giving information	John C. Tucker			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Accident - Ridden by horse

How long

—

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

J. M. Garrett
Blumfriug, Md.

Accident or Suicide?

Eugene Marker.
Undertaker.



Name
in
Full

Samuel Ulrich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			
Died at Hagerstown	Wash.			
Date of death 1905	Month apr.	Day 24	Years 86	Months +
Sex male	Color or Race white	Days 4		
Occupation Retired Merchant	Where Residing if not at place of death			
Married, Single or Widowed married	Name of Wife or Husband Annie R Ulrich			
Father's Name Geo W. Ulrich	Father's Birthplace Md.			
Mother's Maiden Name Nancy Grove	Mother's Birthplace "			
Name of person giving information Mrs Saml. Ulrich	How related to deceased wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

General Debility

Are the name, age, sex, color, date and place correctly given above?

yes

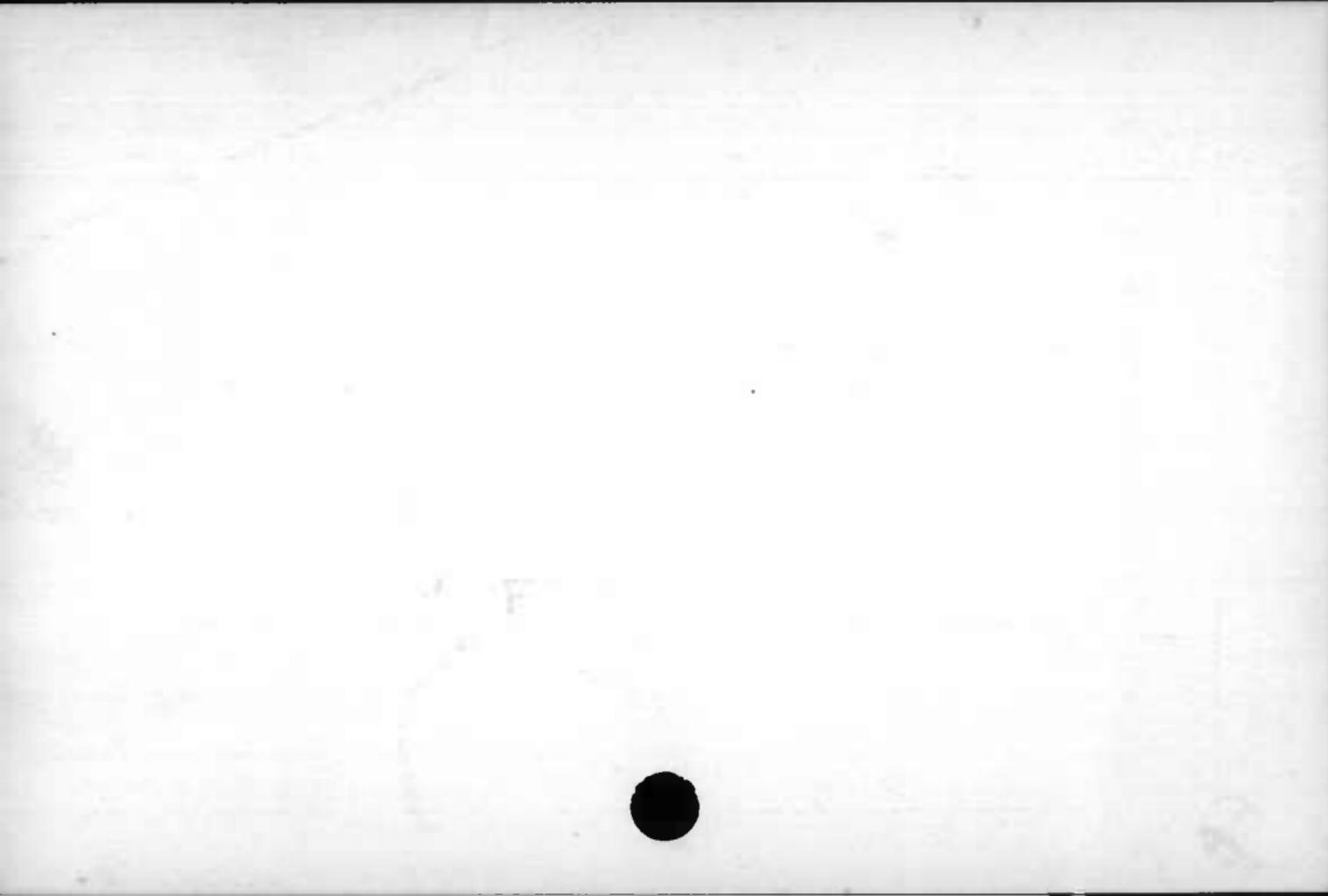
Signature of Physician

Address

J Map Scott M.D.
Hagerstown
Md



Accident or Suicide?

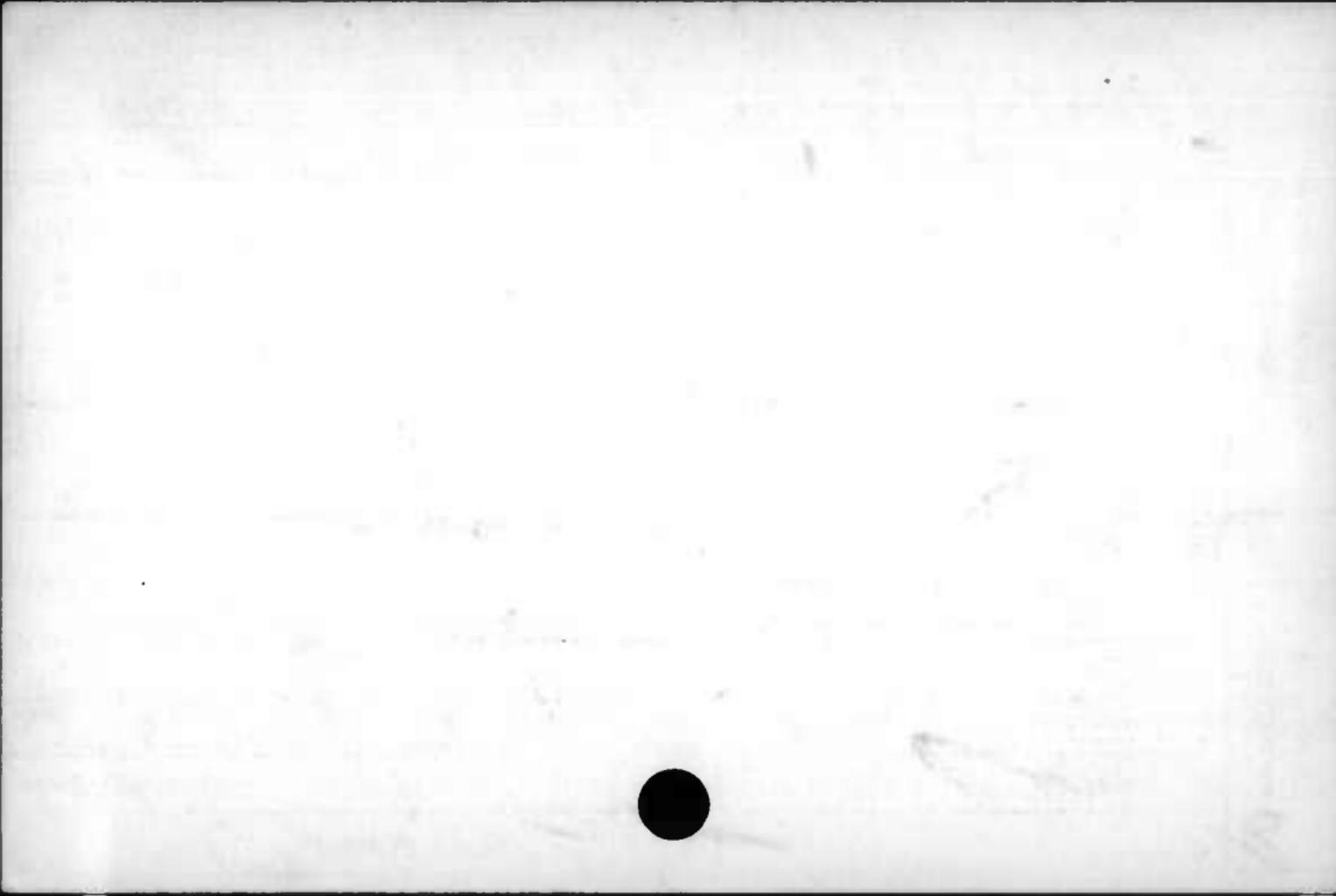


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs. Louisa Walkenight				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age	75	3	24		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	David Green			Father's Birthplace	Germany		
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	(Mr. Frank. Walkenight)			How related to deceased	Son		
CAUSES OF DEATH							
Primary	Pneumonia			(03)	How long	four days	
Immediate	Hemorrhagic Infarction in lung			(03)	How long	one day -	
Are the name, age, sex, color, date and place correctly given above?				yes	Signature of Physician	F.S. Newcomer	
				Address	Tunkhannock, Md		
Accident or Suicide?							



Name
in
Full

John Hearr.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County		
Near Hancock	Wash.		
Date of death 190 5 Apr.	Month	Day	Years
8	Age	79 about	
Sex Male	Color or Race	White	
Occupation Farmer	Where Residing if not at place of death Died at Home.		
Married, Single or Widowed Married	Name of Wife or Husband		
Father's Name Not Known	Father's Birthplace X		
Mother's Maiden Name	Mother's Birthplace X		
Name of person giving information Chas Hearr.	How related to deceased Son.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dropsy

How long

3 Mos

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

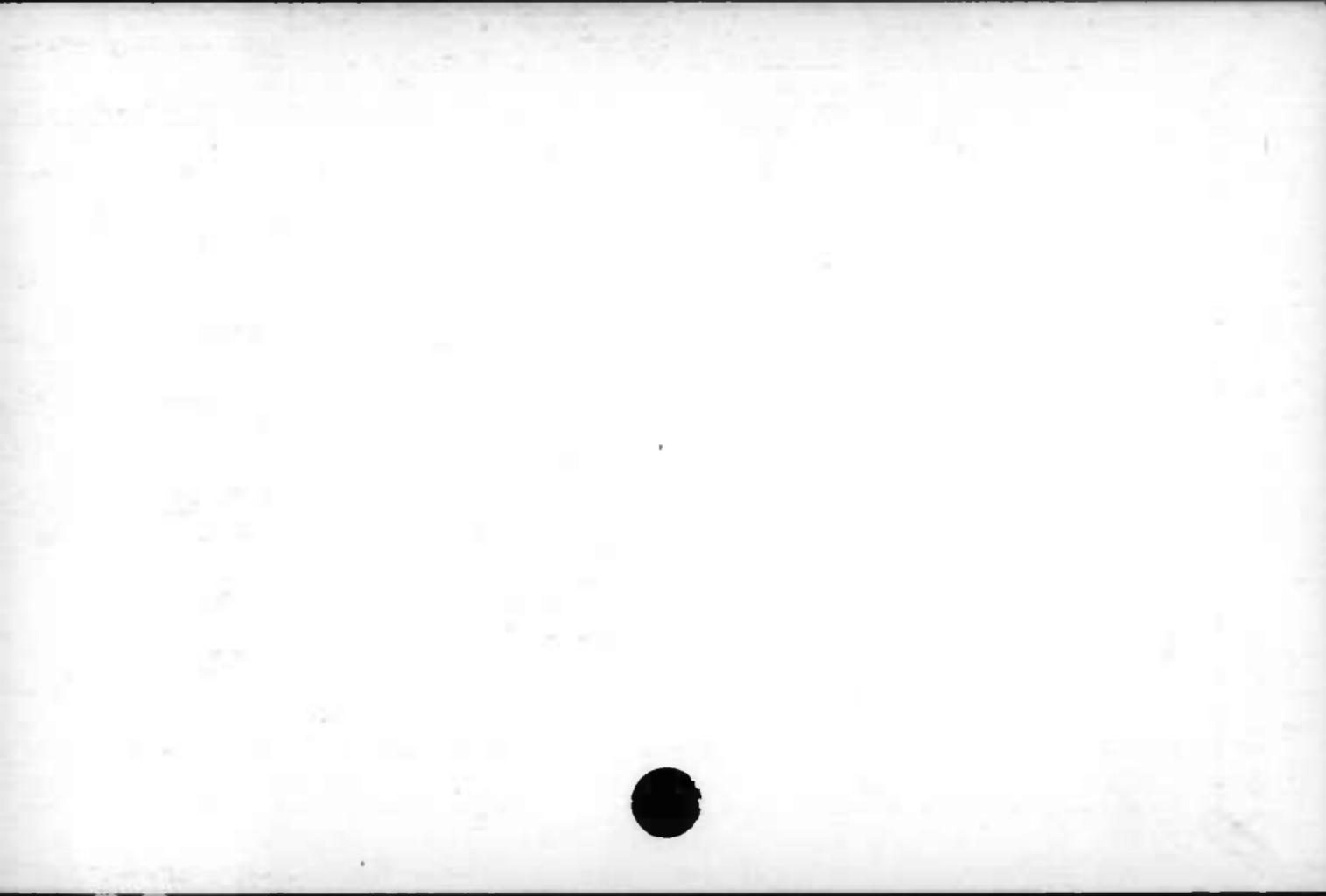
Signature of Physician

Address

Martin Justin & Son
705
Hancock Md

8

Accident or Suicide?



Name
in
Full

Mary E. Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

near Autietan Station Washington

MARYLAND

Died at Town County
Date Month Day Years Months Days
of death 1905 Apr 4 73- 9 1
Sex Female Color or Race
Occupation Birthplace
Where Residing if not
at place of death

Wid., Single
or Widower

Name of Wife or
Husband

Father's
Name

Robert Wilson

Father's
Birthplace

Near Balt. Md.

Mother's
Maiden Name

Eleanor Winks

Mother's
Birthplace

" " "

Name of person giving
Information

Mrs. M. V. Smith

How related
to deceased

Niece

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age

154

How long

—

Immediate

—

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. H. Garret,

Chesapeake, Md.

Address

Accident or Suicide?

Chas. S. Wade
Undertaker

Name
in
Full

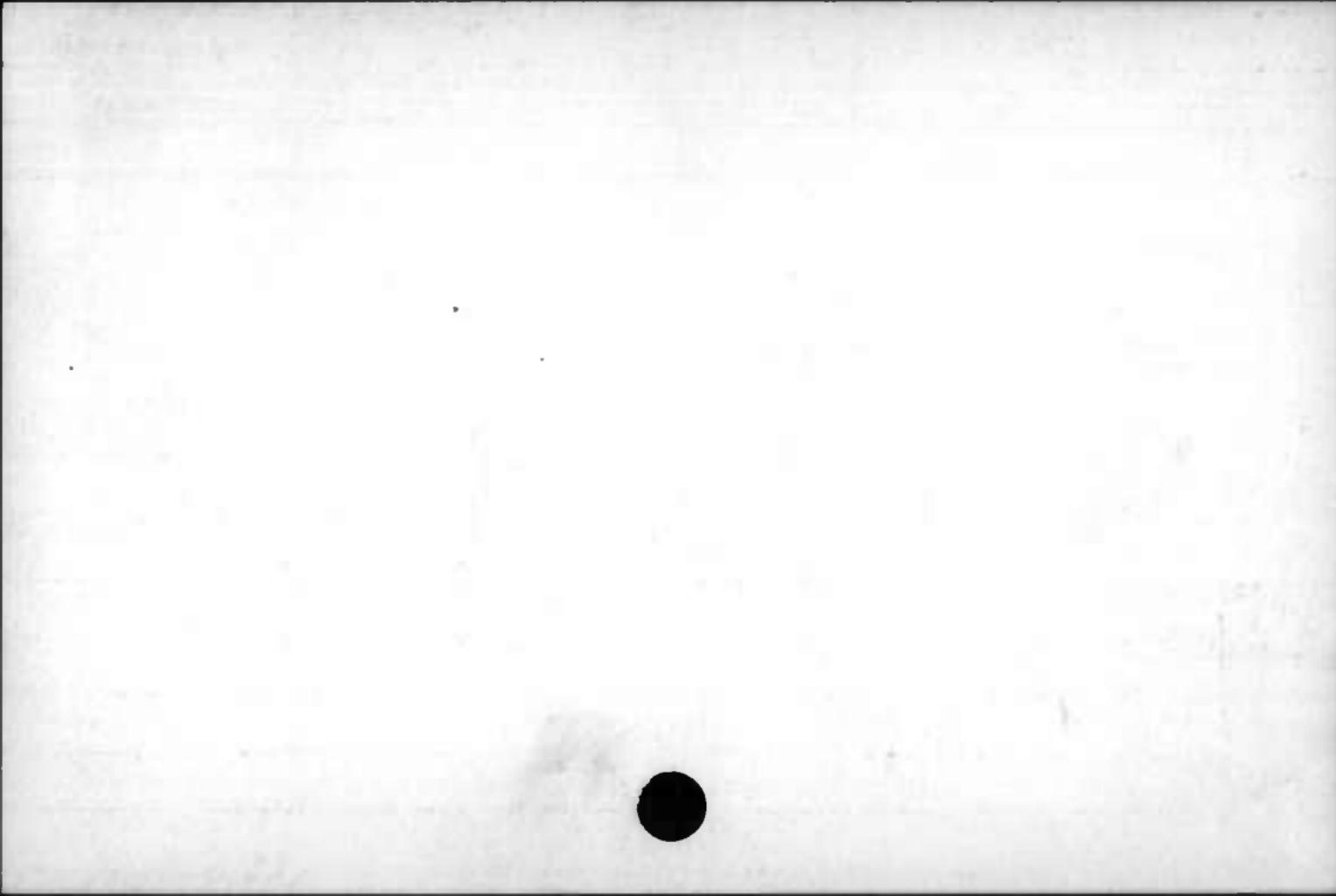
TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Bellmore</u>		Town	County <u>washington</u>		MARYLAND
Date of death 1905	Month April	Day 12	Age 83	Years	Months
Sex Male	Color or Race white				Days
Married Single or Widowed <u>Widower</u>		Occupation <u>Farmer</u>			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <u>A.C. Hager</u>		How related to deceased <u>son</u>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Suicide</u>	X54	How long <u>6 mos.</u>
	Immediate <u>Exsanguination</u>		How long <u>over week</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>M. Morrison</u>	
		Address <u>Hagerstown Md.</u>	
Accident or Suicide? <u>No</u>			



Name
in
Full

Rohannah Yeakle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	Town	County	
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Big Pool	
Father's Name	Geo. Yeakle		
Mother's Maiden Name	Rebecca Tansier		
Name of person giving information	Rohannah Yeakle		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tubular Section of Heart

How long

How long

Immediate

Heart Failure

10 days

Are the name, age, sex, color, date and place correctly given above?

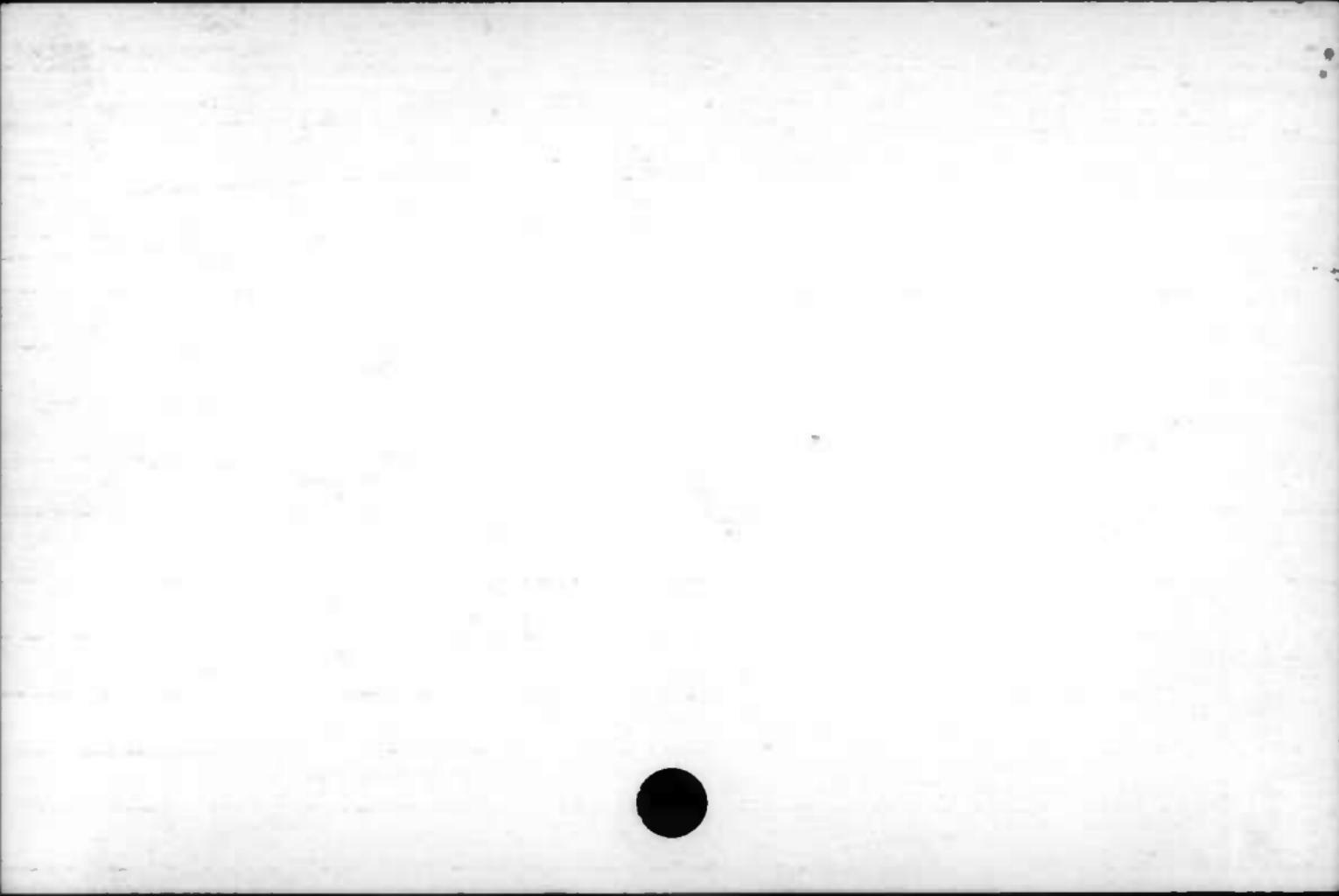
Signature of Physician

8

Address

J.O. Perry
Clearspring
Md

Accident or Suicide?



Name
in
Full

Grace J. Younkis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Boonsboro	County	Ward	MARYLAND
Date of death	Month	Day	Years	Months	Days
1905	April	20	8		
Sex	Female	Color or Race	White	Birth-place	Boonsboro
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Emory Younkis				Fred. Co.
Mother's Maiden Name	Lennie Smilli				Wash. Co.
Name of person giving Information	Emory Younkis				How related to deceased
					Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Scrofula	19	How long
Immediate	Memb. Croup		How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

S. S. Davis
Boonsboro
Md

Address

8

Accident or Suicide?

